

The ALKALOIDAL CLINIC

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DRUGS: QUALITY AND EFFECTS.

MUCH valuable information is to be gathered from a perusal of the last Yearbook of the Department of Agriculture. Especially would we recommend the paper upon "Adulteration of Drugs," to those who still pin their faith to the galenics.

Mr. Kebler says the quality of crude drugs depends on many factors, among them being climate, altitude, soil, time of collection, manner of curing, storage, transportation and age.

Lavender grown in England gives a better oil than the French plant; and that grown at high elevations differs from that at the sea level. Grass from dry soils is superior to the rank growth of wet soils.

Roots gathered in autumn or early spring contain more starch and less medicinal value than those collected in late spring or early summer. Spring mandrake yields more podophyllin than the fall root, though the latter looks the better.

Improper curing may destroy the active principles, and the development of these may depend on the method employed. "It may be true that our present analytic methods are not sufficiently refined to differentiate between certain inferior and superior drugs. . . ."

In storing, excessive moisture may induce fermentation, or too much heat dissipate volatile principles. "It often happens that goods are seriously damaged during ocean voyages. Many deteriorate with age, and some become absolutely worthless for medicinal use."

"The purity and accurate dispensing of drugs are of such vital importance to everyone that it is surprising that so little attention has been given the subject." The difficulty is that people will not listen, or hasten to attribute interested motives to anyone who endeavors to call attention to such matters.

Mr. Kebler concludes that from 50 to 75 per cent of the medicines dispensed by the druggists are either wilfully adulterated or of inferior quality. He quotes an editorial from the *Pharmaceutical Era* which says: "The sale of adulterated and inferior drugs is shamefully prevalent."

This neglect was once excusable because our knowledge of the active constituents of drugs was deficient; but many difficulties have been removed. Some physicians have realized that uncertainty in the quality of remedies is a dangerous element when dealing with the desperately ill, and one is quoted as saying: "If a census could be made of those

who die annually from the use of drugs which are impure or useless from weakness, a most alarming array of figures would be presented." Yet, as the cost of standard purity may be great, the druggist meets the dilemma of breaking the law, or losing trade by raising prices. Which does he do?

Twelve samples of laudanum showed a variation of 500 per cent, though opium is scrutinized at the custom houses and all of low grade excluded.

Plaster of Paris is sold as quinine; saffron loaded with spar; leaves mixed with stems and foreign roots; starch with beeswax and Japan wax; iron, stone and lead with opium; cobble stones with sarsaparilla roots; and earthy matter with asafetida. But the modern adulterator is a skilful chemist and keeps a step ahead of the analyst.

Goods below the standard are due to inferior drugs, to the use of too little of the most costly materials, or to deterioration from age.

We are told that the Department proposes to develop this work and extend its sphere of usefulness, with the aid of all pharmaceutical chemists who will participate. But we look for very little of actual benefit to be derived from the effort.

The people do not know; the doctors do not care. The sort of doctors who do care, have long since settled the difficulty by adopting the use of the active principles, which they secure from the most trustworthy sources of supply known, and dispense to a great extent themselves. They rely upon the druggist simply for bulky articles that are inconvenient for dispensing, cod-liver and other oils, external applications, food products, and articles not in stock when

required. These they obtain from the best druggists within their reach; but the bulk of their medicating is done with articles from their own stock, with the condition and properties of which they are perfectly familiar.

How about the easy-going doctor, who prescribes and takes it for granted all will be right?

The prescription goes to just any druggist; who fills it with materials purchased from just any jobber; who bought them from just any manufacturing establishment which would supply them most cheaply; which obtained the crude drugs from just any importer; who got them from just any exporting house abroad; which had them sent in by just any correspondent in the field; who bought them from just any collector; who gathered them from just any place he found them, at any season when he had leisure, stored them any old way, saw that the weight was all right by adding any kind of weeds that would pass inspection. And when we reflect on the fact that, after all, about one-third of the samples inspected are up to the standard, we can only explain it on the ground that "the Lord is good to the Irish"—and takes the innocents under His protection.

But why does not the doctor recognize it, when he fails to get the desired effect from his prescriptions? Because in the vast majority of instances he does not know what effects to expect, or how to recognize the effects he does get. He gives his patient a prescription he got from the Professor or the formula book, without dreaming of altering it to fit his case. The patient dies—from a mysterious dispensation of Providence; or recovers, through the beneficial influence of the prescription, which after



If there be a real virtue in any remedy it should be open to inspection, said Wiley, of the Agricultural Bureau.

The American farmer has broken into pharmacy. The Department is introducing the cultivation of drug plants.—Wiley.

a lucky series of cases becomes crystallized in the doctor's practice.

In one of our recent journals a French physician gravely proposes that there shall be some distinctive sign taken as an indication that the full therapeutic effect of the remedy has been attained, and the dosage thereupon lessened or suspended. It would seem that this is a thing which is done as a matter of course, that no one could be held to possess a sufficient knowledge of any remedial agent until he stood ready to do as our Gallic confrere suggests. But in point of fact, of how many remedies can we state truthfully that this is so? Certainly we may recommend that atropine shall be discontinued when the mouth begins to feel dry—which precedes the flushing of the skin and dilatation of the pupil—and that contraction of the pupil should be taken as the signal for the cessation of opiates; a soft or slow pulse as the full desirable effect of aconitine; slight nausea, of emetine or any other relaxant expectorant; normal arterial tension as the balanced dose of digitalin; cerebral fulness as the point for ceasing the administration of glonoin, etc. But in truth there are not many more of such signs, that are well understood and habitually employed by the masses of our profession.

After all these centuries, we are but beginners—or rather bunglers—in applying our therapeutics scientifically. As long as we had only indefinite and varying remedial agents this could not be helped. We could not fix on a single distinctive evidence of full therapeutic action, when there was no certainty as to what effects were going to follow. But now that we have medicines whose physiologic actions and therapeutic effects

have been worked out scientifically, when we know exactly what we are going to get from each remedy, there is an opportunity to improve our control over drug-action immensely.

There is here a fruitful field for observation. It would be well to have such observations made, and their results drilled into every candidate for the doctorate, instead of the silly formulas for brown mixture and paregoric.



A big bore is often very small, while a small one may go very far, so some men of small caliber can make their talents go very far just because they are small.



DOING THE SOCIETIES.

CONNECTICUT.

A pleasant ride of two hours took us to the thriving city of New Haven, rich in old memories, in great Yale with her 1,500 students, and in her teeming factories from which are turned out about everything from 12-inch cannon to wooden nutmegs.

The meeting of the State Medical Society was held in a noisy hall, where the faint voices of the speakers could scarcely be heard above the roar of traffic and the rapping of industry. Still, we gathered some manna by the way. The Report on the Progress of Medicine was good. Dr. C. J. Foote gave a schematic illustration of the course of contagious diseases in the State. The fall in the mortality from diphtheria after the introduction of antitoxin in 1894 was notable.

Dr. O. T. Osborne presented a paper on the management of pneumonia, but as his time had elapsed before he reached that part of the paper, we were not



Environment changes the character of a plant as it does that of an animal.—Wiley. That does not interest the galenic,

Cinchona has been grown successfully in the United States, but it does not yield enough quinine to make it useful.

able to estimate the value of his methods. Still, as he clung to the creed that pneumonia cannot be shortened, we may infer that they are not alkaloidal. He had just commenced to explain how pneumonia followed and coincided with tuberculosis as to its prevalence in houses and districts, when the *cloture* shut him off. And this same *cloture* worked admirably in closing papers before the "treatment" was reached, thus saving the readers who would otherwise have been compelled to choose between inefficiency and unpopularity.

But poor therapeutics dies hard. The physician's instincts lead him to active intervention, to helpfulness; and the exhibit rooms were well attended, drawing the doctors away from the papers and even the all-absorbing presentation of a new constitution, which took up nearly all of the session. Accordingly a rule was made forbidding all exhibits at future meetings, and raising the dues to supply the lost income.

The Massachusetts State Society tried this, and has returned to the exhibit feature. It seems reasonable that if the purveyors of medical supplies believe in their value enough to put money in their manufacture, and to send them to these meetings, it is worth the doctor's while to investigate them. He may find better means of relieving human suffering. Is that worth while? Will he learn as much from the papers?

One report caught our attention: The reader stated that in gastrostomy for gastric ulcer, the same benefit accrued from the operation when the ulcer was not found or removed. Exactly! This confirms our view that much of the benefit attributed to surgical measures is really due to suggestion. If so, why ex-

pose the patient to the risk when it is not requisite?

Years ago an old Pennsylvania doctor advocated an improved method. Instead of administering the medicine to his patient he took it himself, telling the patient how and when it would exert its influence upon the said patient. Why not apply this idea in surgery? Let the surgeon perform on his own body the marvelous operations devised to shed luster on his name. His patient receives the benefit, avoids the danger and suffering, and the doctor is enormously popular! and immune! In fact, what must be the beatific state of the surgeon who has performed 100 operations on his own body. Could he ever die? Methuselah would be but a "kindergarten kid" beside him.

But here is a more practical thought: Why continue the obsolete system of officering our medical colleges? At present the faculty may be represented by the sum of 1,000,000, of which the first figure represents the Professor of Surgery, the others the remaining six chairs.

But no man likes to be a cipher, and my scheme contemplates making all of them surgeons. The titles may be thus modified. Professor of Practice, and Surgery of the Thorax; Professor of Anatomy, and Surgery of the Bones and Joints; Professor of Physiology, and Surgery of the Brain and Head; Professor of Chemistry, and Genito-Urinary Surgery; Professor of Obstetrics and Abdominal Surgery; Professor of Therapeutics, and Surgery of the Orifices; Professor of Pediatrics and Orthopedic Surgery; Professor of Surgery and Business Methods; Professor of Medical Jurisprudence and Railway Surgery



The purity and the adulteration of drugs is being investigated by the authorities, and frauds to be excluded from the mails.—Wiley.

The influence of the Press is powerful, whether exerted for good or for evil.—Wiley. And so it must be in a free land.

(Chairman of Committee on Transportation).

This would make room for a whole galaxy of strong men on the faculty, and fully meet the requirements of the present, without allowing anyone undue prominence.

A college so officered seems to be strictly up-to-date; and were it presented would leave the antique institutions with empty benches.

NEW JERSEY.

The meeting of the New Jersey State Medical Society was dwarfed by the closely-following meeting of the A. M. A. There were a number of valuable papers read, however, among them being one by W. Blair Stewart on the Cardiac Tonics. It seems to the writer to be a mistake to devote a large part of the limited time of these meetings to hearing papers by great surgeons from other states; partly because this fails to show the development of home talent, which is the principal reason for such assemblies; and more because there is really little to be gathered from such papers besides the oft-repeated injunction to look to the reader of the paper for aid in similar cases. The details of technique are only of interest to the surgeon who devotes himself to that specialty, and to the general practitioner are absolutely worthless.

These objections would have less weight were there not so many excellent physicians and skilful surgeons within the borders of the state, whose views as to the management of its peculiar maladies would interest the profession of the whole country. Please, let us have your experiences in applying the mosquito theory of malarial causation to the conditions you meet, and the modification

of ordinary diseases by residence at the seaside resorts. And never mind about the New York surgeons, who may be trusted to keep the world enlightened as to their views.

THE AMERICAN MEDICAL EDITORS' ASSOCIATION.

The 35th annual meeting of this body was held at the Dennis, June 6. The meeting was well attended, and of great interest. The papers were bright and carefully prepared, as they should be for such an audience. Many notes from them will be found among the footnotes. One of the most important was that of Dr. Crothers, on "Sundown Journalism." He referred to the stuff sent out for publication after being prepared when the writer was exhausted by his day's work, and too often showing the effect of physical and mental exhaustion, or worse, of stimulation with coffee, alcohol, morphine or cocaine. He said that it was easy to see the influence of these drugs in much of the literary product of physicians, lawyers, preachers, and writers for the press—yes, even in text-books.

As to the truth of this there is little question. We have read articles on the cocaine habit which we were confident were prepared under the influence of the drug they denounced.

One notable feature of this meeting was that not a single paper was presented on digitalis, something unusual in any assemblage of medical men. Not even at the following banquet was the subject of cardiac tonics mentioned—from which we opine that there is an unwritten law that forbids any reference to "weak circulation."

The banquet at the Arlington was the most elaborate of the week. The after-



No one but a physician should be empowered to administer or rather to prescribe, drugs.—Wiley. Not even a druggist?

A man may, during a single day, take in with food no less than forty-seven different drugs without his knowledge.—Wiley.

dinner speeches were capital—and one of the best was by our own Abbott. Even coming directly after Moyer himself it did not suffer by comparison. Of course Moyer was great—that goes without saying.

THE A. M. A. MEETING.

The American Medical Association meeting this year was great. The sagacity of the management was again demonstrated in the selection of the best place in the country for such a meeting, and the attendance was far above any previous meeting. With 1,600 hotels and boarding houses, Atlantic City can handle a crowd like the A. M. A. without a ripple of difficulty. The small group of houses that advertised in the *Journal* turned away hundreds, but there was plenty of room in the non-advertisers.

The weather was fine, rather cool than warm mostly, but with no rain. The walks were thronged, the shops attractive, and the entertainments so good as to establish the charms of the city in every visitor's affections. The section suppers were replaced by smokers with vaudeville attachments, which are very enjoyable to those who like that sort of thing.

The writer attended the meetings of the Section of Materia Medica exclusively, and found them well worth the time. Beginning with the address of the chairman, there was not a paper that did not reflect credit on the reader and the section. Out of the 33 papers on the program 10 were not read—and most of the absentees were Chicagoans.

Secret nostrums were universally and roundly denounced, and the articles laudatory of these goods will be scarce in medical journals the coming year.

A Bill relating to Pharmacy was referred in the New Jersey Legislature to the Committee on Farming & Farm Products.—Remington.

Sajous' paper on Internal Secretion was one of the many spoiled by the limitation of time to 20 minutes. Diefendorf's paper on Hypnotics, Coley's on Hemostatics, and those on Gout and Tuberculosis, elicited general discussion. But the group of papers on Pneumonia brought out the crowds. Stern's scholarly paper on Osmotherapy was appreciated though not discussed freely.

Naturally, the alkaloidal features of these topics received some consideration.

The meeting wound up with a curious occurrence: The regular nominating committee presented their little slate, whereupon the section proceeded to smash it into very fine bits. Dr. Heinrich Stern of New York was elected Chairman, an honor he had well earned by his faithful attendance and the highly scientific quality of his contributions, as well as his defence of Dr. Sajous' book against European arrogance. Dr. W. J. Robinson, of the *Critic and Guide*, was elected Vice-Chairman, and Dr. Foss of Arizona, Delegate. All these were nominated in opposition to the regular candidates.

The next meeting was slated for Portland, Oregon, and this was due to the effective work of Dr. Coe. We expect to be there, and hope to meet as many as possible of our friends there.

One word to give credit due: While the unusually large attendance was partly due to the selection of Atlantic City, it must be noted that the membership of the Association and its influence are rapidly increasing. The wise and liberal policy of the present management, and especially the work of the present editor of the Association journal, are no small factors in rendering this Association what its name should signify. In



A Bill on Pharmacy in the Pennsylvania Legislature was referred to the Committee on Vice and Immorality.—Remington.

union there is strength; and the cohesive forces should be enhanced whenever possible.

THE A. M. A. GOES TO PORTLAND.

In protesting against the practice of holding meetings of big societies in small cities, we voiced the feeling of the whole profession. To a youngster this may not seem a matter of moment; but when a man has passed his fiftieth birthday he wants the comforts of life. And they are not always afforded at meetings of the A. M. A., or other large societies.

We have not forgotten a meeting at Williamsport, Pa., where after an hour in bed we spent the remainder of the night on a chair in the billiard room, and paid three dollars for the privilege—and the collection of 22 bedbugs and one cockroach secured during that sad hour.

And we strongly object to being put into an inside room with three strangers—said to be doctors, though one looked to us more like a burglar—and paying four dollars a day, when the regular price for the best rooms was \$2.50.

But the society is learning, and the two meetings at Atlantic City have demonstrated that others besides ourselves appreciate good accommodations and fair prices. They stand for big attendance.

We are told that the accommodations at Portland will be ample, and railway rates exceedingly liberal. The Lewis and Clarke Fair insures both these, and plenty to interest visitors apart from the meeting itself. The trip to the great Northwest is one we all wish to make, and this is our opportunity. But do not make the mistake of thinking you can do this, and run down to San Francisco over night, or to the Klondike between

meetings. Cut out of your plans Yosemite, Calaveras, the Yellowstone Park, and even salmon fishing in the Columbia, as interludes; unless you add a month or more to the period dedicated to the meeting. Look up your geography first.



We serve when we love, but we do not love when we only serve.



"A STITCH IN TIME SAVES NINE."

The old proverb, "A stitch in time saves nine," might well read, "a *dose* in time saves nine"—and often a life. If ever a man needs to be able to do the right thing as well as do it at the right time it is the physician. How often is he prevented from taking the precise step which he knows is called for simply because it is impossible to procure the particular remedy indicated? and what doctor who has practiced even a year but realizes how serious—often, indeed, fatal—such a delay is? Under the old-time methods it was impossible to prevent this sort of thing. Those were the days when things were done slowly. Internal medicine, up to twenty and even ten years ago, was about on a par with the pony express and stage-coach postal delivery era. Men got weary of waiting days for news or dispatches; they even found it annoying to consume two days to travel a hundred miles and the result was that the locomotive and the telegraph were invented and finally perfected. But the doctor had traditions; to hurry was undignified; to do things in other than the old and accepted way was unprofessional and non-ethical; so he went on writing a prescription at mid-



With nostrum dealers the enormous financial returns are what count as of first consideration.—Remington.

Absolute chemical purity is not necessary, especially if it adds more than 100 per cent to the cost.—Remington.

night which was filled the next morning—or at best in an hour or two—and thus precious time was lost and precious lives went out also.

True, as time passed, the doctor began to carry remedies, but they were few and bulky and it was impossible for him to have with him always *the* thing needed. He knew this and got into the habit of bearing with him in saddle-bag or hand-case certain tinctures and fluid extracts which were made to fit the greatest number of conditions possible. Such as he had he dispensed and later he sent, or the patient procured on his prescription, what should have been given at first. And even then what he got was often inefficacious. That was not the doctor's fault; he ordered the drug he wished taken, but the preparation the druggist had in stock happened to be inert or of poor quality. How could it be otherwise—how can it be otherwise with preparations which the best men of the old school term "unreliable?"

We might quote numerous examples, up-to-date current literature is full of them, but the following will suffice:

An American professor of chemistry says: "Late investigations show such variations in the active-principle content of the barks, berries, herbs and roots from which our usually-used medicinal preparations are made, that 95 per cent of the so-called galenical medicines can but be so unreliable that definite therapeutic results by their exhibition cannot be produced."

Hare, *Practical Therapeutics*, says: "If a census could be made of those who die annually from the use of drugs which are impure or useless from weakness, the writer believes that a most alarming array of figures would be presented. For

many years this was unavoidable to a great degree because our knowledge of the active principles of drugs was deficient. At present these difficulties have been largely overcome."

Speaking of variability in preparations, Dr. Hare says that one sample of tincture nux vomica "contained twice as much strychnine and brucine as it should, and had twice as much solid residue." On the other hand, another tincture of nux vomica contained only a trace of alkaloids, but had much inert solid residue. All these disadvantages Dr. Hare suggests may be avoided by using assayed goods or "the physician should employ the alkaloids in granule form." Concluding he says, and truly: "A poor drug to the physician is worse than a rusty knife to the surgeon."

Is it not a logical deduction, from this arraignment of the crude galenics, that the active principles should be adopted in the case of every drug where the active principle has been isolated? And as these active principles are definite preparations, should there not result from their use, accurate, definite, constant results?

And yet to this very day men still labor under these disadvantages, still subject their patients to unnecessary risks and deprive themselves of easily procurable advantages. Why? Simply because, although certain improvements have been made and distinct advances attained, they were not taught to practice that way.

Their preceptor did not ride to see his cases in an automobile; his preceptor again did not receive calls by 'phone or telegraph and neither of them made examinations of the body cavities by the electric light. But each and all of them



Persecutions are more common than sensible action in the consideration of so-called pure food affairs.—Remington.

It is obviously unfair that the rules governing medicines should be enforced with articles used in the arts.—Remington.

adopted and hailed these discoveries and the doctor of today who practices the methods of the decade before the last accepts every innovation, *outside those which affect materia medica*, with alacrity.

Today the doctor can almost absolutely dispense with scales and graduates and fluid preparations. He *can* absolutely do so in his emergency work—where it is most important that he should. With him, even at church, theater or while traveling, he can carry, and without knowing that he does so, enough remedies to meet almost any serious disease. Further he can with the utmost ease carry every drug he can possibly need in a day's work and that in a form, moreover, which enables him to be positive as to its effectiveness. The dose is already made, the dispensing is a thing of a few seconds only, and, no matter what the symptom, there is in his properly-assorted case of alkaloidal granules, the exact remedy needed.

The one demand upon the doctor is that he shall know what to do and how to do it, and see that his vials do not get empty; this attended to he is ready day or night at any time or place to relieve any manifestation of disease amenable to medicine. And each dose is *positive*, there is no maybe about it. The active principle of the drug is given in certain and always-the-same doses, and in a short time either its remedial or physiological effects must be apparent. *At last* Medicine has become *an exact science*, and yet there are many men, many clever men, who refuse to accept the new way, refuse to progress, while at the same time and rightly they deplore the uncertainty and unscientific character of the

old means and method. Verily, "none is so blind as he that won't see."

Alkalometry, active-principle medication, has revolutionized medicine as electricity has revolutionized commerce. The doctor who wins today is the man who carries with him a proper assortment of the active principles in granule form. And that this is a fact is best proven perhaps by the circumstance that no man who has ever tried it has yet come forward and asserted the contrary; neither has he ever gone back to his old methods.

The modern doctor to be a success must "act on the spot" to act with the greatest efficiency; he must use the alkaloids. When he does so he gets results then and there, the inevitable personal result being that he then and there establishes a reputation. And after all Success is better than Precedent.



True reasoning must be pyramidal; the premises leading up to the only possible finishing cornerstone, and the conclusion like that stone leading down to the only possible premises.



CRITICISM.

There are all kinds of criticism as there are all kinds of people, and all kinds of conditions and circumstances under which the criticism is made. Criticism that is legitimate is one thing, finding fault is another. The mere fault-finding critic is, as someone has said, "a man who can't give a performance himself—or he wouldn't be a critic." To tear down what others are trying to build up without being able to offer something better in its place is certainly not in accord with progress and is not the sort of criticism to help make the world better, which should be the ob-



Sodium phosphate nearly always contains arsenic; yet this does not render it unfit for use in the arts.—Remington.

Are you altogether sure that the sodium phosphate you are giving has been perfectly freed from its arsenic?

ject of all true criticism. We sometimes quote unthinkingly, the Scotch poet who prayed to "see ourselves as ithers see us;" but while we agree with our ancient friend that it would from many a blunder save us, yet there are few of us so broad-minded but what we would be irritated and disturbed by this knowledge to the extent that we would cease endeavor, and it is only through endeavor to the uttermost with all its blunders that success is attained. Therefore we believe that the Divine Providence which denies us this knowledge, is right. A great deal of thought should be put into life's work and the more broad our lives become and the greater the scope of our abilities and our endeavors, the more tolerant we should be of discipline and criticism; not that we should be wavered by public sentiment but that we may be saved from doing that which shall mar or, in the eye of others, belittle our effort.

To be able to criticise fairly, leaving personalities outside, is a rare accomplishment. To be opposed to criticism is treading on thin ice for there are few of us who do not live in glass houses, hence the need of charity and a reasonable tolerance towards all.

To point out in all kindness one's errors and to make this pointing out as nearly private as possible will as a rule accomplish everything that can be accomplished, and is far more likely to be productive of real good than public backscratching. The one engenders the good fellowship and harmony and the other engenders antagonism and the very absence of harmony.

In unity there is strength and accomplishment. We all want to do well, we all want to be thought well of, we are

mostly good fellows—therefore let's help our friend, let's be tolerant of the erring and let's be just to our enemies, putting forth every legitimate and conscientious endeavor to win them from the wrong to the right.

What interests everyone of us most, is not to see ourselves as others see us, but to see ourselves as we are. Success rests mainly in the correct appreciation we have of our own abilities, and our limitations. But one thing essential is a certain amount of egotism. The man who believes in himself, who thinks he is "sum punkins," will do something; while he who hangs back, eternally disparaging his own ability will make but a small ripple in the world's current. Very likely the modest—or self-conscious—man has the best knowledge and the biggest brain; and if brought into action could accomplish more than the other. But it is only active force that counts; latent energies are dormant, useless, the talent wrapped away in a napkin.

Give us the man who believes in himself. He has rough corners that bump us, and we don't like to be bumped, so we bump back; but after all he is the one who gets along and sets the pace for the rest. He makes enemies and excites envy; the higher he climbs the more do the folks multiply who are trying to hold him back. So be it.

Give us the man who knows himself, and has his plan, to which all other considerations must bend. The most perfect character we ever knew did not swerve from a course once adopted for any consideration, unless circumstances showed a better way.

The mere fact of others approving or disapproving had no weight whatever.



Sodium phosphate is cheap we admit; but how about its content of arsenic? Are you very sure it has all been extracted?

There are some considerations besides cheapness. Can they afford to extract every trace of arsenic for the price they get?

Cling to essentials, disregard non-essentials, and with a definite plan, well considered, success will accrue to action.



"The weakest must go to the wall," and there is always more than one to push there. "Against whom God is, men are also," says the Russian peasant.



FADS AND FADDISM.

People are so accustomed to fads and faddism, that they look for it everywhere, and the possession of common-sense is not assumed but must be demonstrated. At least this is the way we explain an attack made upon us at the Atlantic City meeting. Some one got up and accused us of preaching the doctrines that the alkaloids should be employed exclusively in every phase of every malady; and that a single alkaloid always represented the full remedial qualities of the plant from which it was derived. Of course we are not responsible for others' ignorance. But that people do not take the trouble to ascertain just what one's ideas are, but jump at the conclusion that they are faddish, is notable.

How difficult it is for people to realize that we use alkaloids only when they are better than anything else; and teach that they have their own therapeutics, which may or may not be that of the plants from which they are obtained. And yet it is so simple, so common-sense.

Since Graves first fed fevers the medical men have been stuffing their patients more and more, till it was essential for a Haig to arise, with his "flatulent lubrications" to swing the pendulum the other way by calling attention to the

evils of too much meat. And now we see the swing go to the other extreme, when a woman starves herself to death under the delusion that it is right and proper to abstain from all food.

And again, it is so simple. Eat as much as you need, of the kinds of foods you need, no more, no less. Keep your bowels open, your muscles in healthy activity. But here is another fad: How much exercise does one need? Now, look out! We know just what you are going to reply—"stop just short of fatigue." But here comes Coquina, who says that despite the doctors, who all say this, he finds himself best off when he takes all he can, till he would drop dead with any more. And he is right—sometimes.

Fact is, that injunction about stopping short of fatigue comes from our mouth automatically—from habit. We say it without thinking, from habit. Just so, we say: "Mild, farinaceous diet," or "good hygiene," or "pure water." They come easy to our lips, but have no real meaning to us or to our patients.

Take a man in his prime, reasonably healthy, suffering from sedentation, and Coquina's advice is good. He will do well on hard work, and his acidity will disappear. He needs just that. We know from experience. During a week spent in a settler's cabin, we spent the day in wading the muddy lake, wearying ourselves daily to the limit of endurance, from dawn till dark, lived-on cured razorback hog, corn bread and coffee, no milk, butter or vegetables, and never knew a twinge of indigestion; returned with increased strength, all the uric-acid meanness gone.

The exercise short of fatigue suits many; hard work suits many more; but



Look over your sodium phosphate cases and see if there is any trace of arsenic poisoning to be detected among them.

Suppose you apply the tests for arsenic to that cheap sodium phosphate. It will do no harm—and perhaps—?

what is needed is Thought on which the advice should be based. And Knowledge. And Perspicuity. Sum it all in Common Sense.



Egotism is not selfishness; egotism may share the last morsel of bread with another to get praise; selfishness will take the last morsel of food from the hungry without needing it. Why are both contemptible?



RED BLOOD AND OPTIMISM.

Put seven physicians in a town. We will suppose them equal in attainments, mental capacity, skill, and the other incidentals that make for success; so that it is a toss up between the lot. Yet one will draw away from the rest, and establish himself as their superior. Why?

Because his percentage of hemoglobin is greater.

Somehow the idea of force becomes associated with red. The vitality of any man impresses his patients, and the red-faced man carries with him the impression of virility, of strength, of success, of a certain superiority that is felt especially by the weakly, ailing part of humanity. The writer was once physician to a large hospital, one side of which overlooked a large college from whose doors poured hundreds of noisy students. Now every last one of the patients insisted on having the rooms overlooking the college—said they liked to see and hear the boys, but found the quiet rooms on the other side lonesome.

Here was an illustration of the fact we are endeavoring to establish, that evidences of vitality, of force, are good for the sick, and aid in upholding their own feeble faculties.

So the man who has in his veins good,



An International Pharmacopeia has been proposed, for potent remedies alone. A general one is impracticable.—Remington.

rich blood, whose face bears the impress of strength, will be attractive and useful to his patients, when the pallid, anemic, inanimate specimen will weary them and leave them weaker for the drain he has made on their small stock of vitality.

Cultivate blood. Cultivate strong, restless, enterprising vitality. Imbibe optimism; adopt it as a habit, a religious belief. Think and believe that God is great, and good, and wants His creatures to be happy, and placed them here in this beautiful world, surrounded with every good thing which even Omniscience could devise, for that very purpose; and that all he asks is that they shall so fully enjoy these good things as to make Him glad He has done so. Let this creed pervade every thought; speak in every glance; let happy thankfulness that you are alive sit enthroned on your brow; and note the result.

You will succeed. Not perhaps financially—that is, you may not make your million, but you will have enough. But there will be other and better evidences of success. Your patients will look anxiously for your coming, and will try to detain you as long as they can—for “a sight of the doctor does me good, and the longer he stays the stronger I get.” The little child will come up to your knee, stand there a time studying you, and then take refuge in your arms, its little face bespeaking happy security—and is not that worth more than a million? You cannot buy it for that much.

Your therapeutics will carry a value far beyond their dynamic force—because you give the remedy your individuality. Of course you base this on a real, true, profound knowledge of your profession—for are we not speaking to Alkaloid-

The Universal International Pharmacopeia will remain a beautiful but misty dream till the dawn of the millennium.—Remington.

ists? But the same remedy exerts such widely different effects when it is given by different men—and we are desirous of being of those who do the most good. Cultivate red blood. And optimism.



Wake not the devil when he goes to sleep.



THE PREVENTION OF MALARIA.

That the treatment of malaria is far from satisfactory is undoubted. Our ideas as to the nature of the disease have been considerably modified of late and the adherents and opponents of the mosquito theory still wage their war, *pro* and *con*. One fact, however, which will, no doubt, be generally recognized before long, is that the malarial virus does not flourish in the systems of those who are in normal condition, whose eliminative functions are active and whose *prima via* are at least fairly clean and clear. Given a system loaded with retained waste with myriads and myriads of germs and their resultant toxins present in the intestines, with clogged bile ducts and decreased renal activity, and we have a fit subject for the malarial parasite to flourish in. Once infected and suffering from the train of symptoms we term "malaria," it becomes necessary to destroy the malarial organism and restore normal conditions as soon as possible.

But it is infinitely more easy to *prevent* malaria than to cure it, and there can be no question either that the administration of quinine in doses sufficient to be effective in malarial conditions is injurious to the system generally. Hence it becomes the doctor's duty to so treat his patients that they may be spared invasion. To do this the prime essential is a clean digestive tract. See to it that



In the forthcoming edition of the Pharmacopeia the arsenical preparations are standardized at one per cent.—Remington.

the food is digested and that waste is ejected; keep the *prima via* as nearly aseptic as may be and, as a result, the blood of the patient will be an unsuitable culture medium for the *plasmodium malarie*.

In all "run down" conditions there is a distinct reduction of phagocytic action—the bilious, autotoxemic individual is unable to resist the invading germ and, as a result, he soon presents "malarial" symptoms. In order to cure him it has been found that arsenic and quinine are necessary. This means that we try to do late what we should have done early. We do not quite understand the action of quinine, but we do know that arsenic causes an addition to the number of red blood corpuscles. If we add nuclein we have increased phagocytic (resistant) action together with an increase in the red cell count. It has been discovered that the use of quinine, arsenic and nuclein in combination will almost infallibly prevent malarial manifestations. This combination is more valuable as a prophylactic agent than as an absolute remedy—and that is saying a good deal. To prevent malaria then see to assimilation and elimination; give the sulphocarbolates in sufficient quantity to maintain intestinal asepsis and at least three times daily after meals give two Triple Arsenates with Nuclein tablets (strychnine arsenate, gr. 1-134; quinine arsenate, gr. 1-67; iron arsenate, gr. 1-67; nuclein, gtt. 2).

Twice or thrice weekly it is well to stimulate hepatic activity and to do this small-repeated doses of calomel, leptandrin and podophyllin are indicated. The usual dose is, gr. 1-6 of each every half-hour for four to six doses. The next morning sodium phosphate or magnesium sulphate is given in a glass of

In the forthcoming edition of the U. S. Pharmacopeia the opium preparations are standardized at ten per cent.—Remington.

hot water. This ensures the flushing out of the "sewers of the system." Thus by keeping the interior clean, by aiding assimilation and stimulating phagocytosis and preventing the blood from deterioration we make the existence of the malarial parasite an impossibility.

As we have pointed out, it is easier far to prevent a malady than to cure it; and it is for this reason that we call attention at this time to the above method which may be truly termed "antimalarial." It should be remembered that old dwellers in malarial neighborhoods are already infected and it will take time and some trouble to render them immune, but those who have never suffered from true malarial symptoms may be prevented from so doing by following out these very simple suggestions.

In the Triple Arsenates with Nuclein the profession has probably the most powerful anti-malarial remedy conceivable and a few moments' consideration of the physiological action of each ingredient will make the reason why quite evident. If you have found malaria a hard thing to treat, divest yourself of all preconceived notions and regard it as a condition which can exist only in suitable soil, that is, a system poisoned with its own waste and deprived of the normal resisting power. "Clean out and clean up," restore blood balance with ordinary phagocytic action and you will be surprised at the sudden drop in the number of cases of "chills and fever" in your practice.

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"DR." MULLER AND HIS METHOD.

I have to laugh now when I think of those fellows lying, Adam-like, in their palatial homes with a piece

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In the new edition of the U. S. Pharmacopeia the strength of tincture of aconite is reduced to one-third the present strength.

of bicycle tape plastered on their backs, said Muller in court. He "sounded" their lungs and heart while he picked their pockets. Here are the maxims of Maximilian Muller:

Yankees are the easiest people on the face of the earth to fool.

A middle-aged American and his money are soon parted—if you make him believe he is sick.

The American wife will always smile at an ounce of prevention, but she is ever ready to have hubby take a pound of cure.

Touch a woman's fears for her husband's safety, and it is then an easy matter to touch the husband's pocketbook.

The average man always feels guilty of being sick until he is proved otherwise; and doctors don't usually argue a case for the defense.

There is only one way to capture an American millionaire, and that is with a solemn look and a surgical instrument.

Sickness rarely kills a poor man because nobody cares whether he dies or gets well; but everyone makes such a fuss when a rich man grows ill that it usually scares him to death.

A piece of court plaster and a few slaps on a healthy man's back will stir up more fear in his heart than to tie him to the mouth of a cannon.

Make a rich man believe you are wealthy and you can make him believe anything you tell him.

No, these are not the sayings of any modern surgeon. They are the words of a "quack," of one who had never seen the inside of a medical college. But here is the funny part of it: He says that he was an attendant at a hotel, where he closely watched the great city doctors while in attendance on wealthy men, until he had mastered their methods, which he practiced when he announced himself as a physician; and so deftly imitated these illustrious physicians that he was received without ques-

In the new edition of the U. S. Pharmacopeia carbolic acid appears under its proper name as Phenol.—Remington.

tion as one of them, and reaped a rich harvest from credulous millionaires.

Could we believe but a small part of the tales we hear, in regard to the "working," commercially, of wealthy patients by illustrious members of the medical profession, we would cease to wonder that the public welcomes any and everything to get away from the regular profession. But we are thankful to the bottom of our hearts, that our intimate knowledge of many thousands of our colleagues has taught us, that those who take a commercial view of their relations with their patients, are but an insignificant element in the mass. The American Doctor, in spite of all temptation in these ways, is honest.



'Tis not poverty but riches that tests a person's character.



WHAT DO YOU KNOW ABOUT EPILEPSY?

In a near number of the CLINIC we propose to publish a symposium upon Epilepsy. This is a subject which appeals to nearly every doctor, for hardly a man but has one or two cases in his practice—and what does he do for them? What *can* he do for them? What, as a matter of fact, can anyone do for these unfortunates? True, we can often by surgical means relieve those whose attacks are due to trauma; we can, too, sometimes cause a reduction of the severity and number of attacks by the free use of bromides, etc., (but too often to the real detriment of our patient), and of late the Alkalometrist has been able to accomplish a good deal by attaining and maintaining intestinal asepsis. But, given a well-established case of *grand*



In the new Pharmacopeia the Latin is universally employed; the common names appearing only in the index.—Remington.

mal, what treatment is there which will even probably prove effective in half the cases placed upon it? Today, as twenty-five years ago, the bromide treatment, poor as it is, is accepted as "the best thing." These salts must be given in heroic dosage to do good and it is a question which does the most ultimate harm—the disease or the remedy. *Bromide of camphor* has recently given some marvelous results, but further reports are needed to establish its usefulness. Atropine, digitalin and ergotin with arsenic have each presumptively cured their cases and nuclein, when given together with atropine or hyoscyamine, or cicutine (aided by an empty and aseptic *prima via*) has done excellent work. But before we can possibly have a treatment which will be generally applicable we must know more of the disease and its cause. *What do you know* about Epilepsy? Do you relieve or cure your cases? If so, how?



THE ALKALOIDS IN TYPHOID FEVER.

Now that the value of the alkaloids is obtaining recognition in that "rock-ribbed" citadel of conservatism, Philadelphia, we begin to feel that the "world do move." In the new *Therapeutic Review*, Dr. Henry Beates, Jr., has an excellent article upon typhoid fever, in the course of which he alludes as follows to the use of certain of the active-principle remedies:

"Insomnia is well controlled with the use of Merck's crystalline aconitia. This remedy seems to allay cerebral excitement, obtund the exaggerated reflexes, favor diminution of temperature, causes a softened and moistened skin, and con-

As far as possible the use of the correct pharmaceutical designations should be employed in prescriptions.—Remington.

tributes to a general restfulness and calm that should commend itself to the attention of the profession. Its use in doses of 1-250 of a grain every two hours, if *intelligently watched*, will achieve much in maintaining a marked degree of comfort and even natural sleep. 'Tis as dangerous a remedy in the hands of the incompetent therapist as it is undoubtedly powerful and safe when employed by the skilled clinician. The action of this greatly overlooked medicine, in favoring heat dissipation and especially so when cool spongings are used, cannot be too strongly stated. If skillfully administered, it also slows the heart-rate and thus secures the much-needed rest which this organ will require. Experience has demonstrated the value of administering aconitia and digitalin in *combination*, in those cases where the above symptoms need control, and when, also, a vasomotor tone is to be maintained."

This is welcome testimony from an unexpected source. We would only suggest the adoption of the amorphous for the crystalline aconitine as being more satisfactory as a therapeutic agent. The value of these remedies is not overstated. On the contrary, we are sure that Dr. Beates overestimates the dangers of aconitine. Thousands of physicians of the CLINIC family are using it daily, yet not one has reported dangerous symptoms as a result of its use, when common prudence has been used—and not a single fatality. We sincerely hope that Dr. Beates will carry his investigations regarding typhoid fever a step farther and commence the use of the sulphocarbolates. If he does this we feel that he will cease to speak disparagingly of intestinal antiseptics.

The *Therapeutic Review*, though a new journal, is a good one. The editor is Dr. H. C. Wood, Jr. Write for a

copy, or better yet, subscribe. We can't any of us know too much about therapeutics.

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Craftiness may be wise, but never just.

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SODIUM BICARBONATE DRESSING FOR WOUNDS.

In your next extensive wound with loss of tissue—whether traumatic or surgical matters nothing—simply clean and dust liberally with bicarbonate of soda, then pack with gauze (rubbing in some of the bicarbonate as you pack) and cover with a snug bandage. Each day draw up a little of the gauze and cut it off. Do not attempt to change or remove the packing further than this. At the end of fifteen or twenty days the wound will be found filled with strong, red, close granulations. Healing is soon complete.

Sodium bicarbonate has the property of aiding osmosis and does not in any way injure the tissues. The young cells thrive in the fluid produced and their growth is so strong that they actually crowd out all germ life and moreover they grow into and transform cicatricial tissue so that but little scar remains. This simple method of dressing and healing wounds is but little practiced in America, but it needs but one experience to cause the surgeon or general practitioner to adopt it permanently. There is no possible question but that in this way healing is attained more rapidly and perfectly than by any other known plan. If there has been great loss of skin, grafting may be called for after the wound has grown up, but quite often even this is obviated. No matter how deep the wound (unless in the abdominal region) drainage is not required.

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Trade names for drugs should be replaced whenever possible by the titles as given in the Pharmacopeia.—Remington.

In the new edition of the U. S. Pharmacopeia average doses are now given, for the first time.—Remington.

LEADING ARTICLES

ZINC SULPHOCARBOLATE.

BY W. F. WAUGH, M. D.

THE sulphocarbolates were introduced many years ago, as intestinal disinfectants, but fell into disuse before they were fairly tried. Two arguments were adduced against them—that it was impossible to render the alimentary canal free from germs; and that these agents being soluble they were absorbed from the stomach and did not get down to the intestine where their effects were most desired.

In regard to the first objection, it is well to ask whether it is really necessary to destroy every living inhabitant of the alimentary canal in order to do any good? There are many ways by which the great benefits derived from the intestinal antiseptics may be explained. They may destroy a portion of the microorganisms; or prevent their multiplication; or neutralize the toxins produced by them; or prevent their inroads upon the mucous tissues; or render the tissues more resistant; or interfere with the attacks of the ordinary putrefactive bacteria that follow in the wake of specific organisms like the typhoid bacilli and break down the weakened structures. In fact, we do not know so much of the life history and the operations of the various bacteria that we can predicate on the usefulness of such an agent simply because it does not do some one thing that we have set up arbitrarily as a test of its value. The only test worth serious consideration is that of clinical trial; and

the question is not whether the remedy does this or that, but how we can best explain the phenomena which follow its administration. This question has been wholly ignored by the opponents of the practice of intestinal antiseptics.

An insoluble agent is inert until it is in solution. Then it is no longer insoluble. Many attempts have been made to devise means of getting remedies past the stomach to be dissolved only when they reach the small bowel, but the solvent powers of the gastric juice are exerted even over keratin. This is an *a priori* consideration—we have as yet seen no attempt at demonstration of the assertion that agents soluble in the stomach will not disinfect the intestine. We are therefore again reduced to the necessity of relying on the phenomena observed clinically, and here we find that the administration of the sulphocarbolates in efficient doses is invariably followed by a cessation of the fetid odor of the stools. Why this should be, if the soluble antiseptics have no action in the intestine, we leave those who believe that dogma to explain.

The writer has possibly administered more of the sulphocarbolate of zinc than any other man living; and he has not observed any effects from it except those exerted in the alimentary canal. If impure, or given in too large doses or too concentrated form, it irritates the stomach and may even cause vomiting. But the chemically pure salt has been given many

times in doses of ten grains each, and up to two drams in 24 hours, without any such effects. There are conditions of the stomach when many agents not ordinarily irritant will provoke nausea or cause soreness. Sometimes a granule of veratrine in half a glass of water will give rise to a sense of warmth or tenderness that will outline the stomach accurately. A five-grain tablet of potassium bromide swallowed whole caused a brother physician to roll on the floor in agony; and yet this is not considered specially irritant. It is wise to give the sulphocarbolates in solution or trituration with abundance of diluent.

THERAPEUTICS.

Typhoid Fever.—First completely empty the bowels. It is useless to try to disinfect the intestine if there is the mechanical obstacle of masses of feces into which the disinfectant cannot penetrate. Give a dose or two of calomel and then a saline laxative; and when the bowels have been cleared out well begin with the zinc sulphocarbolate, giving from $2\frac{1}{2}$ to 5 grains every two hours until the stools are devoid of all unpleasant odor. After this half the above doses, or even less, will suffice to keep the stools deodorized, and this will disinfect them sufficiently to secure all the advantages of the method. The gastric and intestinal symptoms subside as the stools become odorless; the fever drops a degree or more, the aching, delirium and other nervous phenomena are alleviated, and the whole aspect of the case has changed for the better. If employed early enough many cases are shortened or aborted, so that the physician who begins to employ this method soon has trouble with his diagnoses.

Cholera Infantum.—In all cases when the child's stools begin to be offensive, treatment analogous to that of typhoid fever should be instituted. Give calomel in very small doses, or rhubarb, and empty the alimentary canal; then begin with zinc sulphocarbolate, gr. 1-6 to 2 every hour according to the gravity of the case, and continue until the stools are disinfected. If choleraic symptoms are present begin at once with the zinc. It is best given with bismuth and saccharated pepsin if there is nausea or vomiting—enough of each to well dilute the zinc. Half a grain of the latter with two to five grains of each of the other agents is a fair average formula.

Fevers.—In all fevers, essential and symptomatic, the above method of emptying and disinfecting the bowels, will result in an amelioration of the symptoms amounting to thirty or forty per cent. There is no febrile disease in which a large part of the symptoms, the discomfort and danger, are not due to absorption of toxic matters from the alimentary canal—at least we are sure our readers will admit that such absorption cannot be of any advantage to the patient. This seems to have been better comprehended by the physicians of half a century ago than it is today; excepting in the malarial sections, where the necessity of having the bowels clear and clean is generally admitted and acted upon.

Phthisis.—It was a lesson the writer has never forgotten, when he first applied to a consumptive the principle of clearing out the bowel and disinfecting it. The same fall in the fever occurred as in typhoid fever, the other symptoms were ameliorated, and the appetite, hitherto wanting, became voracious. This one measure produced in the patient more



What is a dose? The exact quantity required to produce the desired effect. That requires some knowledge of drugs.

The uncertainty of dosage is illustrated in the troubles of the Pharmacopœia. Germany gives maximum doses.

improvement than the most ingeniously devised treatment had previously accomplished.'

In fermentative dyspepsias, and all cases where the stools are malodorous, this agent will prove promptly effective. It is an admirable remedy for children, who very frequently need something of the sort. While clearing out the bowels will do good, it needs but a trial to convince anyone of the greater benefit coming from the disinfection. The alkaline syrup of rhubarb makes an excellent expient for the sulphocarbolates.

When there is acidity, or when the zinc proves irritating even if given prop-

erly extended, the sulphocarbonate of soda is useful. It is not as antiseptic as the zinc, and should be given in double the doses recommended for the latter.

In dealing with scrofulous children, in the peculiar diarrhea of rickets, and for consumptives who are having night-sweats, the sulphocarbonate of lime may be used. It is about the same strength as the soda salt. In fact, whenever the reconstructive effects of lime are indicated, this is the sulphocarbonate of choice. It may be given with the hypophosphite or other salts of lime.

Chicago, Ill.



SOME POINTS ON CHRONIC SEMINAL VESICULITIS WHICH THE PRACTICIAN SHOULD REMEMBER.

BY CHARLES C. MILLER, M. D.

INFLAMMATION of the seminal vesicles is a common condition, which forms a stumbling-block to the great majority of general practitioners. General practitioners can and should treat chronic infections of the genito-urinary apparatus. Practicians almost invariably show a strange perversity regarding seminal vesiculitis, being acquainted with the name of the disorder, and more or less with the symptoms, yet practically never recognizing the disease.

In this article I wish first to plainly accuse the great majority of general practitioners of failing to recognize chronic seminal vesiculitis, and then it will be my object to briefly call attention to those symptoms, which should lead one to suspect and examine for this condition.

The first point, which I wish to bring out as strongly as possible, is the im-

portance of fear and apprehension of venereal patients, as an indication of a possible infection of the seminal vesicles.

If a patient has a sore, chancre, chancreoid or herpetic eruption upon his genitals, and he has been exposed to infection, it is reasonable for him to be more or less fearful as to his condition in proportion to his conception of the dangers of venereal infection; but this fear differs from that of the patient who suffers from the vesiculitis, for this latter patient may have very little to draw attention to the genitals, yet he suffers from an apprehension, which we might almost say is all absorbing. Such a patient will be constantly examining his person for indications of disease.

As the result of this painstaking introspection a long series of symptoms may be evolved, and the patient will have



There are three classes of doctors. The first class prescribe whatever comes along, without discrimination.—Robinson.

The second class of doctors prescribe nothing outside of the Pharmacopeia, and stunt their practice.—Robinson.

a long story to tell of his fears and observations. These patients will come expecting to detail their condition at length, and the physician who errs in disposing of them with promptness and dispatch will probably see them but once. The patient with vesiculitis is suspicious of the physician and his ability to relieve him, and it will be well to learn to know these patients by their actions so that early they may be reassured and thus be favorably impressed from the beginning.

These patients have carefully examined their past lives, and will have remembered any youthful indiscretions, so that, they will be ready to lay a part of the blame for their trouble to masturbation, if the medical consultant insists, that such is likely to be a factor. As a matter of fact the patient with chronic vesiculitis will seldom be found, who has not had some time previously a specific urethritis.

One must remember that among the less intelligent people urethritis may have existed for a considerable time, and been the cause of symptoms, which any physician would consider unmistakable and yet when such patients are asked if they have ever had any disease of the sexual organs, previously, they will promptly and emphatically deny such.

Where a patient has suffered from an acute urethritis, and it has involved the seminal vesicles and prostate, it usually also terminates in a chronic inflammation, although we see patients, who suffer an acute infection, which subsides entirely and the patient apparently entirely recovers without any chronic inflammation developing.

An acute inflammation of one or both seminal vesicles is accompanied in not a few instances by an acute epididymitis.

The condition of acute epididymitis is easily recognized by the practitioner, and if one will notice such cases, he will find a considerable percentage of these patients complaining of symptoms distinctly due to acute seminal vesiculitis. The patient will be very nervous, talk in a hysterical manner regarding his condition, and fret a great deal. Such a patient may have considerable pain in the hypogastric region or along the inguinal canal. The testicle and epididymis may be supported perfectly and the patient will continue to suffer this pain.

If the medical attendant will insert the finger into the rectum and carry it up on a level with the lower portion of the seminal vesicle, and then sweep it across the bowel, making pressure anteriorly, he will find the acutely-inflamed seminal vesicle intensely sensitive, and even though he cannot outline this organ with his finger, he will have unmistakable evidence of the condition of the vesicle by the complaint of the patient.

We also see these acute inflammations of the seminal vesicles in patients suffering from an acute infection of the bladder neck. In this type of case the patient will be urinating at very frequent intervals and at the same time will have in many cases an acute inflammation of the vesicles. The frequent painful urination, the pus-loaded urine and the frequent passage of more or less blood in the urine, found at the end of urination, absorb the attention of the practitioner, and he may treat many of these cases without suspecting any disease of the vesicles. The patient may in either of the cases outlined, where there is an acute inflammation of the epididymis, or of the bladder neck and prostate, enjoy

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The therapeutic nihilists are recruited from the doctors who prescribe only from the Pharmacopeia.—Robinson.

Patents are not secrets, and not necessarily nostrums. Their process of manufacture is disclosed fully.—Robinson.

a complete recovery from the inflammation of these organs but the seminal vesicles may continue to suffer from an inflammation which tends to become chronic, and which causes an untold amount of unhappiness to the patient.

The recognition of a chronic inflammation of the seminal vesicles is easy enough if the practitioner is on the alert, and is ready to suspect its presence in any patient with a venereal history who consults him.

Every patient who gives a history of having had a discharge from the urethra at any previous time during life, and who consults for some ailment of a venereal nature, or of his genitourinary apparatus, should be carefully examined by rectal palpation, with a view of determining whether or not there is any inflammation of the seminal vesicles or prostate.

The history will often prove sufficient to convince us that the patient suffers this condition. If we find him gravely suspicious of the integrity of his sexual apparatus, we should not at once say that here we have a man who has been reading quack literature, but rather should attach to it importance as an indication of chronic inflammation of the seminal vesicles. If this same patient complains of frequent emissions at night, or of premature emissions or of a shorter duration of the sexual relations than he formerly enjoyed, we have almost positive information that the seminal vesicles are diseased.

The rectal palpation should be made if possible with the bladder partly full. The distended bladder presses downward somewhat the vesicles and then by hypogastric pressure we can further

press the organs into the reach of the rectal finger.

The finger is anointed and the patient is instructed to stand in front of the examiner. The patient is requested to bend forward. The index finger of one hand is carried into the rectum. As soon as it passes above the sphincter and it comes in contact with the prostate. It is carried upward pressing forward until the upper margin of the prostate can be defined. It is now swept to one or the other side and in so doing the tissues are allowed to slip under the palmar surface of the finger.

When the finger has been carried far enough laterally to come in contact with the seminal vesicle, its lower extremity can barely be defined by the educated finger if it be normal, but if it is diseased and thickened it will be easily felt. When found the finger can be carried slightly upward and the vesicle is then to be forced downward by firm pressure over the hypogastric region. The upper limits of the vesicle cannot be reached unless the operator has a very long finger and the patient be small and thin, without resisting perineal muscles.

Some operators who examine and massage in the standing position, have the patient bend over a table. This position is much more embarrassing than where he merely stands in front of the operator and bends over and the former position offers no advantages whatever.

Where the operator finds the seminal vesicles distinctly distended and thickened, he will find that to secure a cure of the condition, massage of the vesicles will be demanded. This massage can be practiced with the finger or can be performed with one of the special instruments designed for this purpose. The

The description and the tests for a new remedy should be fully and explicitly given, to be strictly ethical.—Robinson.

Trademarks do not describe the nature of a remedy. The chief asset in these cases is their secrecy.—Robinson.

examination of the urethra should never be omitted, as a large number of these patients suffer from urethral stricture, and no amount of massage would cure the vesiculitis unless the stricture be overcome.

The massage should always be conducted with the bladder partly full of urine so that the contents of the vesicles when pressed out into the urethra can be washed away by the urinary stream, as they may be the source of a reinfection of the urethra if allowed to lie in the urethra for some time.

I will speak of two mistakes made by men competent in discovering this condition when treating these organs by massage. The first is the tendency to massage too lightly. Firm pressure is required to evacuate the seminal vesicles and promote healthy circulation which will carry away in part at least the inflammatory material deposited in the vesicles. The pressure will cause discomfort to the patient. The examination of the urine passed will show whether or not these organs have been emptied.

The second mistake, which so many make, is in attempting too frequent massage. Very many patients cannot be properly massaged more than once a week. If it is attempted more often than this, there will develop an irritable condition of the parts, which will preclude the necessary pressure without too great discomfort to the patient. Massage can be tried in the beginning every fourth day, and the interval can be lengthened if the parts become irritable.

Reconstructives are indicated, where the general health of the patient can be improved by such measures. No internal treatment will have any selective influence upon the vesicles. Injections into the prostatic urethra are recommended by some in conjunction with the massage, but such treatment is of minor importance in overcoming any seminal vesicle infection. The prostate is often affected in these cases, in which event it is to be treated by the methods recommended for chronic prostatitis.

Chicago, Illinois.

LECITHIN AND ITS THERAPEUTIC USES.*

BY DR. MARTELL.

(Conclusion.)

THE reduction of the alkalinity of the blood may take place from three causes: (1) An increased decomposition of the sulphur and phosphor compounds; (2) the presence of an excess of intermediate products of metabolism; and (3) by the splitting products of lecithin, especially the glycerophosphoric acid.

When nerve tissue, which is always

rich in lecithin compounds, is irritated, an acid reaction results in it, and this reduces the alkalinity of the blood that courses through that tissue. But it is also through over-fatigue that the oxidation processes suffer, for the urinary coefficient sinks in the state of fatigue to below 90 per cent, according to Poehl's investigations, and so there come more than 10 per cent of the nitrogen from the urine to the intermediary prod-

* From the *Wiener Med. Wochenschr.* Translated by Dr. Epstein.

True patents expire in 17 years. Antipyrin is now free and open to all to manufacture. —Robinson.

The new tincture of aconite is to be one-third the strength of the present. Now, what will we get when we prescribe it?

acts, many of which, as xanthin, hypoxanthin, kreatin, and neurin, have toxic qualities.

And when over-fatiguing, resulting from nerve irritation goes on still under the circumstances of reduced intraorganic oxidation, then must the nervous system itself fall a prey to the states that result from it, that is the nerves suffer an autointoxication in themselves (autochthonically). The nerve centers suffer most from over-fatigue. Experiments have shown, that nerve centers are acted upon by poisons more quickly than are nerve trunks. The nerve centers have also in the highest degree the quality of summation, *i. e.*, of accumulating irritant effects, and corresponding with this there must be a very energetic metabolism in them, which is indicated by the great abundance of their blood vessels. Then these centers have no covering (neurolemma) as peripheral nerve trunks have, and therefore are the centers more exposed to the poisonous products which arise in the tissues by the strain of physical and psychic activity.

It has been demonstrated that the autointoxication of the nerve centers produces complete loss of irritability long before their supply of oxygen is completely exhausted. Now we know that certain poisons affect only certain definite parts of the nervous system, as morphine for instance, or strychnine which affects the sensitive roots of the posterior horns only, or carbolic acid which affects only the motor cells of the anterior horns. It should, therefore, not seem strange, that when there is a nerve exhaustion in consequence of certain metabolic conditions and certain osmotic and electric tensions connected with these conditions, that the autointoxication should affect

not the entire but only a certain definite portion of the nervous system. This will explain the great variety of clinical aspects of neurasthenic diseases arising from the autointoxication of nervous over-exhaustion.

To this group of nerve-center diseases from overirritation should be counted also the effects of heat, whether they be from insolation or from direct radiation of a heat source, which induce an alteration in the thermic nerve centers. No doubt these conditions too depend upon a loss of lecithin, for here too we have autointoxications, against which the system fights by means of profuse perspiration, but it becomes gradually exhausted and succumbs at last. In autointoxications arising from overirritation also we shall expect to meet changes in the neurons.

The accepted view of this at the present time is, that the chromatophile (easily stainable) tigroid (tiger-like) substance of the cells succumbs to chromatolysis (destruction of the stainable parts), disappears more or less and becomes scattered like dust in the protoplasm. But along with these changes in the tigroid flakes there are also deeper-going changes in the nucleus of and in the cell itself. Further investigations are yet necessary in order to arrive at the histologic appearance of the neurons in their activity, both in health and disease. Perhaps this may also clear up the question whether this tigroid substance is a reservoir of cells, or whether it represents a chemical combination of great potential energy.

Since we know then that lecithin is an integral component of nerves and neurons, we must therefore expect that with every loss of lecithin by these



Tr. aconite ordered! The new, one-third the strength of the old, just made; or with half the alcohol evaporated?

Copyrights are eternal. The devious hold them secret and collect their tribute to eternity from all users.

organs that there will be deficiencies, first in these neurons, then in groups of neurons, and lastly in organs which are electrically dependent upon these neurons. These deficiencies in the organs consist in functional weakness. We have, therefore, in the increased or diminished activity of an organ a means by which to judge of the biochemical energy of nervous centers. But the loss of lecithin going on in the central nervous apparatus will produce a quicker or slower loss of energy in the organs according to the quicker or slower loss of lecithin in this apparatus, which loss will manifest itself anatomically in the degeneration of the organs. And there is also a possibility that an excess of physical and intellectual work should bring on a profound decay of the neurons. Waste products insufficiently oxidized accumulate, and a chemical irritation produces a severe nutritive disturbance, in other words, an inflammation of the nervous apparatus. The loss of lecithin which then takes place in the nervous apparatus produces a transient or prolonged damage of the nerve centers, and then corresponding with an anatomico-pathological basis we will have to expect certain definite clinical aspects of disease.

Thus we may have two distinctly separate clinical forms in the course of spinal irritation, the hyperesthetic and the depressive. And since the change of electric and osmotic tensions induced by abnormal metabolic processes need not attack the entire organ, therefore, we see in consequence of autointoxication in one case the affection of the cervical enlargement portion of the cord, and in another that of the lumbar enlargement of the cord. Objectively this state of

nervous irritation can be shown by an intense pain on pressure, while this pain is but little or not perceived at all in the corresponding convex place of the cord in a state of nervous depression.

It will depend upon the cause of irritation where we will find the pain. After physical work when it is connected with great cardiac and pulmonary activity we will find the pain in the upper cervical portion of the cord, and after excesses in *Baccho et venere* (wine and women), when the abdominal organs are overtaxed the pain will be found more in the lumbar portion of the cord.

Proceeding now from the point of view that these demonstrable disturbances are owing to a deficiency of lecithin, as Danilewsky maintains, then we are right in expecting to relieve these disturbances by supplying this deficiency. It is only then that we can hope and expect to remedy the disturbances of organs when the nutritive disturbances in the nerve centers are quieted and when their excitability and irritability are brought back to their normal measure.

The logical deduction is then from the above, that we are not to treat any diseased organ with lecithin, but to supply neurogenic material in sufficiency to the apparatus of the centers and restore them for their work of innervation and electric supply. It is from these considerations that we can see the true theoretical foundation for the reported successful treatment of diabetes with lecithin.

In Dr. Martell's experiments with lecithin, which reach back to 1895, he endeavored to obtain it from the parts of the animal organism which is richest in phosphorus, and they are the brain and



It is immoral to patent anything designed for the benefit of the sick. Monopolies are worse than highway robbery.—Robinson.

The largest class of physicians are the broad-minded, well-informed, investigators, who consider first the sick.—Robinson.

cord of four or five-year-old beebes. The preparations made for him after his directions are a lecithin wine, a lecithin powder (trituration of lecithin with milk sugar and starch), and a lecithin salve.

In the course of observations the remarkable fact came to light, that there is a difference of value in the biological behavior of the lecithin, according as it is derived from the brain, medulla oblongata, the cervical portion of the cord, or from the lumbar portion of it. Further investigations on this point are yet needed. It is very possible that lecithins of various isomeres (equal proportions of elements and yet giving different effects) and of different effects should be found in the central nervous system, and so we may obtain a lecithocerebrin and a lecithomedullin.

Lecithocerebrin Dr. M. found effective in two cases of cerebral spasms in little children of one and one-half years old, who were not tuberculous. He ordered inunction with lecithocerebrin salve rubbed in hourly in the head, especially forehead and temples, after the skin was thoroughly cleansed with soap tincture. The improvement began soon after the fourth inunction; the spasms abated, the children fell asleep and broke out in profuse perspiration. Internally the children received two tablespoonfuls of lecithin wine. In these cases the sedative, calming, and hypnotic effects of lecithin became clearly evident.

In order to establish the hypnotic effect of lecithin, there were made control experiments with morphine in a case of cancer of the stomach. The experiments were completely successful. In this patient, who could not be brought to sleep after gr. $\frac{1}{3}$ of morphine, beneficent, re-

freshing sleep came regularly in 20 to 25 minutes and lasted from seven to eight hours, and on the patient's request the morphine was entirely discontinued.

This agrees with Trachanoff's physiological experiments on frogs with Poehl's cerebrin, which calmed and weakened the animal's muscular energy. Any one who has observed the pleasant effect of a lecithin sleep at a patient's bedside will not doubt for a moment that we have in lecithin a physiological hypnotic. The surprising cessation of the spasms in the above cases of the children suggested to me the idea of using the same remedy in psychical alterations. I ordered it in the case of a woman who suffered from cerebral neurasthenia with periodic psychical depression. After using the lecithin salve for some days her agitation ceased completely and there was nearly always a beneficently refreshing sleep. Poehl's cerebrin has lately again been proved effectual in a case of epilepsy in which there was not an attack for the last three years.

A veterinary surgeon used hypodermics of lecithin in cerebrospinal meningitis of horses with success.

The lecithin salve is applied to the forehead, temples, and scalp after they have been thoroughly cleansed with hot soapsuds. Gentle friction is made with it in the direction of the sagittal suture continued until a sensation of warmth is felt, which shows that the chemical process of assimilation had begun. This feeling of warmth is not merely subjective but can be confirmed thermometrically to the tenth of a (centigrade) degree. The feeling begins after 5 to 20 minutes and depends upon a greater or less degree of nutrition-disturbance

Substitution can easily be prevented if the physician will inspect the stock of his pharmacist sometimes.—Robinson.

The public exposure of dishonest druggists is a drastic but effective measure to stop substitution.—Robinson.

in the nerve centers, that is, a more or less deficiency there of lecithin.

The hypnotic and calming effect of lecithin, which Dr. Martell considers to be its prominent one, makes it very desirable to institute experiments with it in comparison with narcotics. It may result in the desirable curtailing of the chemical narcotics. This hypnotic effect was claimed by several authorities for Brown-Sequard's testicular juice. This effect was recently observed by Russian physicians from injections with Poehl's spermin. It is probable that an addition of spermin to lecithin would enhance the latter's effect. Some experiments made in this direction speak in its favor.

Lecithocerebrin salve was used in the vasomotor neurosis known as migraine and in nervous cephalgia, in which cases too the pains ceased when the feeling of warmth began. In all these cases a quieting sedative effect can be noticed on the psycho-motor centers.

Different from the lecithocerebrin preparations are the effects of the lecithomedullin preparations on the organs of chest and abdomen. The lecithin obtained from the medulla and the cervical enlargement of the cord has a direct vasomotor effect upon incipient and established cardiac affections. In six cases of palpitations with cardiac neuroses the lecithin from the medulla and the cervical enlargement of the cord was effectual in quieting the excessive activity of heart and pulse, and after a four or six weeks' treatment the action became normal. In two cases of mitral insufficiency a treatment of eight weeks restored the heart to the normal. In three cases of acute heart weakness with asthmatic complications and commencing

pulmonary edema, there was an abatement of the cardiac oppression after the first twenty-four hours of treatment, when sleep and perspiration made their appearance. The treatment consisted of two tablespoonfuls of lecithin wine three times a day and in four inunctions with lecithin salve in the upper part of the chest and the cervical section of the medulla. In a case of acute cardiac dilation in a farmer aged 56 years who overworked himself in the harvest field, the organ returned to its normal dimensions after eight weeks of treatment.

In a case of an organic heart lesion with stenosis of the left ostium, ascites, edema of the scrotum, and anasarca of the lower extremities, the patient 58 years of age, daily urine only fifteen drams, lecithin proved itself as a most efficient diuretic. The treatment and result were as follows. Ten teaspoonfuls of lecithin wine, ten lecithin pills, three inunctions. On the third day the urine amounted to fifty drams; on the fourth day to one hundred drams; on the fifth day to one hundred and seventy-five drams; on the sixth day to two hundred and twenty-five drams, on the seventh day to three hundred drams; on the eighth day to three hundred and seventy-five drams; on the ninth day to five hundred drams; on the tenth day to six hundred and twenty-five drams. We see here an example of a prompt removal of stasis phenomena.

The lecithimedullin obtained from the lumbar enlargement of the cord showed on the other hand, an eminent influence on the abdominal organs. In two cases of gastralgia of nervous origin, six teaspoonfuls of lecithin wine removed the spasms and stopped the vomiting. This remedy may obviate the necessity



Substitution can be avoided by sending the prescriptions to a single druggist. (Forbidden in Germany).—Robinson.

The prescribing of articles in the original packages is a lesser evil than the substitution of other goods.—Robinson.

of stomach lavage. In a case of an acute attack of vomiting in a man 72 years of age, in consequence of a psychical trauma, the vomiting and diarrhea ceased completely after three teaspoonfuls of lecithin wine, while the patient broke out in a profuse perspiration. These effects are easily comprehended when we remember Poehl's lecture at the International Congress of Medicine at Paris in 1900, entitled "The Intoxications from Overfatigue of the Muscular and Nervous Tissues and their Organotherapeutic Treatment."

In two cases of intestinal atony with obstinate obstipation, there was a complete restoration of the intestinal functions after a three weeks' treatment consisting of eight teaspoonfuls of lecithin wine, and two inunctions [I suppose daily.—TRANS.].

In a case of senile bladder weakness, with retention and dribbling of urine, there was an essential improvement after eight days' treatment, and after four weeks the patient was dismissed completely restored. Treatment consisted in ten pills and two inunctions daily.

Lecithin showed also its tonic power against masculine impotence. In a man 42 years of age, who was affected with impotence for one year, his sexual functions were perfectly restored while his bodily weight perceptibly diminished. The last circumstance reminds Dr. Martell of two remarkable cases of obesity. In one there was a diminution of 20 pounds in the course of a 12 weeks' treatment, and in another that of 14½ pounds in eight weeks. Treatment, twelve pills daily.

Obesity can be traced to a deficient oxidation of the ingested food, and as we have seen that the redundant fat is

carried off by three or four daily evacuations and an increased diuresis, and the abdominal fulness disappears on the administration of lecithin, it would seem, therefore, that by its increasing the nervous work it increases the working capacity of the organs and thus the process of food oxidation.

Lecithomedullin was found very effectual in two cases of sluggish parturient pains, in one case of dysmenorrhea, and in one case of commencing vaginal collapse [Prolapse?].

Finally Dr. M. mentions lecithin as a powerfully tonifying remedy in the lingering weakness of the nervous and muscular tissues after infectious diseases. In two cases of articular rheumatism the convalescence was essentially shortened.

Edmond Colombe adduces the following indications for lecithin: (1) Anemia and chlorosis; (2) nutrition disturbances, as tuberculosis, diabetes, rachitis, gastric ulcer, cancer, tubercular cachexia; (3) neurasthenia.

Italian authorities make the same medications. Dr. Martell's experience confirms the good effects of lecithin in neurasthenia and its resulting conditions, both cerebral and spinal neurasthenia, in both their hyperesthetic and depressive forms. The claims of lecithin against tuberculosis he does not confirm, and thinks them going too far.

Lecithin opens great prospects for phosphorus therapy, since any other forms of phosphorus as a curative means have no curative effects.

At first the effective materials were looked for in the gland ferments, and at present they are looked for in the organic extracts, and those from a certain organ

Doctors know little of the tools of their trade. Drill students in prescription writing.—Lowe—a druggist.

The medical colleges now train their students to become surgeons, not therapeutists.—Lowe, pharmaceutic member.

seem destined to take the leading role; that organ is the cerebrospinal system, and the extracted materials from it are the lecithins.

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[In a private letter Dr. Martell writes me as follows: "The treatment with Lecithin promises to conquer for itself a dominant place in therapy, and I believe this especially true in respect to animal Lecithin. I have not referred, in my small contribution to the *Wiener Medizinische Wochenschrift*, to all my observations, such for instance as its use in

the uric-acid diathesis, hemorrhoids, and incipient vaginal prolapse, fearing lest my contributions become too voluminous. What I aimed at was to emphasize the therapeutic value of Lecithin. The main indication for Lecithin I take to be answered in Tuberculosis. In the August number of the *Wiener Medizinische Wochenschrift* there will appear a series of articles from me on the treatment of the early stages of tuberculosis with calomel, in which article I will speak in detail regarding the cough-calming properties of Lecithin."—TRANSLATOR.]



SOME SUMMER REMEDIES.*

BY W. C. ABBOTT, M. D.

COPPER ARSENITE.

THIS is a well-known remedy for all acute derangements of the intestine. It has been recommended highly in "indigestion" especially when pain is experienced after eating. Its chief use, however, is as an antidyenteric: Gr. 1-1000—or even a smaller dose—may be given every fifteen minutes for four to six doses and then the same quantity repeated every hour or two. The indications are all forms of acute diarrheas, cholera infantum especially yielding to this remedy if the bowel is first cleansed thoroughly. In this disease the drug should be administered in small but often-repeated doses. Gr. 1-100 may be dissolved in twenty tea-

spoonfuls of water and a teaspoonful given every ten minutes for three or four doses and then every hour till relief. In a short time tenesmus and tympanites cease, the stools become less frequent and those which are passed are free from the typical odor which the early dejections present. In the more chronic diarrheas and dysentery, gr. 1-500 or even gr. 1-100 may be given every three hours till a marked improvement is noticeable.

The drug is also recommended as a remedy for dysmenorrhea and sometimes its administration is followed by marked improvement. Gr. 1-100 may be given three times daily for three days prior to and during the early part of the menstrual period.

COTONIN.

Cotonin is a glucoside derived from the bark of an undetermined South American tree. It is soluble in alcohol or



In cerebral disease prodromes are pares-thesiae, anorexia, sex ails, emaciation, insomnia.—Diefendorf.

Cerebral insomnia: Treat causes; environment, bromides, trional in hot water gr. xxv, veronal, somnos.—Diefendorf.

*This article is taken from the new Waugh Abbott Text-Book of Alkaloidal Therapeutics just published. This work contains an exhaustive study of the alkaloids and active principles. It is encyclopediac in character, treating of about 150 remedies. Every Alkalometrist should have a copy. Price \$5.00.

ether, or in boiling water, almost insoluble in cold water. Watery solutions of alkalies or of their carbonates dissolve it.

Coto has the properties of a bitter tonic and of an astringent. It has been used as a remedy for various forms of diarrhea with success. Burkhart and Rieker attributed to it extraordinary efficacy in enteritis, diarrhea, dysentery, etc. In cholera infantum it acts as other astringents do. In phthisis it is more effective, and also restrains the colliquative sweats. Engel asserted that it had a selective action in tubercular diarrhea, so that any diarrhea checked by coto might thereby be diagnosed as tubercular. Cotoin is especially useful where opiates are contraindicated.

Large doses of coto cause a sense of warmth in the stomach, and larger ones give rise to nausea and vomiting. The saliva is increased. It retards the development of bacteria, and of putrefaction. It actively dilates the intestinal vessels. In healthy persons it does not constipate. Shoemaker pronounces coto remarkably efficient in all forms of diarrhea except that with intestinal ulcers.

Albertoni reported no success in drunkards or when the portal circulation was obstructed, as in cirrhosis. Enteric hyperemia and tendency to intestinal hemorrhage contraindicate coto. In acute intestinal catarrhs it should therefore be used with care.

The dose of cotoin is gr. 1-67 to 1-22 every two hours.

Coto is singularly repugnant to the stomach, and few patients will take it long, the aversion becoming insurmountable (Huesemann).

Cotoin does not interfere with the action of pepsin or of ptyalin. It is excret-

ed by the kidneys and diminishes the excretion of indican. Insoluble in the gastric juice it passes unaltered into the intestine. The intestine, says Albertoni, is the habitat par excellence of the putrefactive process. Here we encounter nearly all the products of the putrid fermentation, peptones, tyrosine, leucine, organic acids, phenol, indol, scatol, ammonia, carbonic acid, sulphydric acid, hydrogen, hydrogen protocarbonate. The majority of these are reabsorbed, and traces of phenol are found in the stools, most of it in the urine. The indican of the urine is derived from the indol. The quantity of indican found in the urine shows the intensity of the putrefactive process in the bowel. Albertoni found that phenol continued to be found in the urine despite the use of cotoin. The decrease of indican observed by Burkart and Pribram under cotoin must be attributed to a secondary effect, consecutive to the amelioration of the intestinal malady. By determining active dilation of the intestinal vessels cotoin improves the nutrition of the mucosa and increases its faculty of absorption.

It follows that the indication for cotoin in diarrheas is asthenia, the atonic or relaxed condition. Van Renterghem found this agent useful for aged patients. In children the diarrhea of rickets is especially amenable to cotoin. Much larger doses than those above given may be used. Albertoni gave gr. 1-6 to a newborn infant with impunity. Van Renterghem gave to an adult ten grains within 24 hours.

HYDRASTINE.

Hydrastin is a concentration from *Hydrastis Canadensis*, and contains the



For delirium tremens and delusional insanity: Packs, electric light baths, chloral and bromide hourly.—Diefendorf.

Insomnia with psychomotor activity: Long warm baths, hyosine hydrobromate only in asthenics.—Diefendorf.

combined alkaloids, hydrastinè, berberine and canadine.

Hydrastine is an alkaloid from the same source as hydrastin.

Hydrastine is soluble in water sparingly unless acidulated; in alcohol, ether and chloroform. Large doses slow the pulse and still larger ones cause weakness, tremors, dyspnea and incoördination. Very large doses induce clonic and then tonic convulsions and tetanus, during which respiration ceases (Cushny). The pulse slows at first from stimulation of the vagus center, then quickens as it is paralyzed, and later again slows from a direct action on the heart muscle. The vascular pressure rises from contraction of the arterioles, then falls from their relaxation and the weakening of the heart. The vasomotor center in the medulla is directly stimulated. Cushny questions the asserted action of hydrastine upon the uterine fibers, and that upon the liver. The respiration is at first faster, and besides its action on the centers it weakens and paralyzes muscular fiber of the heart. This effect resembles that of thebaine. Hydrastine is excreted by the kidneys. A cumulative action has been observed. Death from lethal doses is due to heart paralysis.

Some diuretic action is exerted.

Therapeutics.—Hydrastin has long been used as a bitter tonic. It is an astringent, gradually reducing redundant secretions. It has been employed as an injection in gonorrhea, vaginitis and leucorrhea, and given internally. For various forms of stomatitis, syphilitic, mercurial and digestive, it is an efficient lotion. Many other applications of this valuable astringent are made, such as a lotion to ulcers, fissured nipples, otorrhea, pharyngitis, and any skin disease with

secretion to be dried up. Shoemaker recommended ointments in bromidrosis, carcinoma, etc.

Unhealthy ulcers, chancroids and sloughing sores are benefited by this application. Internally hydrastin has been used with benefit in gastric and duodenal catarrhs, especially of drunkards, their morning vomiting, jaundice, and enteritis, all of the chronic type. It checks the loss of albumin in desquamative nephritis. As a hemostatic it has succeeded when ergot failed; in bleeding piles, hemoptysis—where Marini pronounced it the best hemostatic—and for the hemorrhage of uterine fibromas.

As an oxytocic he found it less prompt than quinine but hastening labor and preventing hemorrhages when given for a week before confinement.

Kruse urged hydrastin for night-sweats, a full dose at bedtime. Others have confirmed this recommendation, in phthisis and other forms of free sweating.

The eclectic applications of hydrastis, as given in King's Dispensatory are numerous: The chief action is exerted upon the mucous and glandular structures, and through the hydrastine, upon the nervous system to some extent. It is valuable in disorders of digestion, functional, subacute and atonic with mucous flux; debility of mucosa; aphthous stomatitis, gastric irritability, icewater dyspepsia, gastric catarrh and ulcer, the best substitute for alcohol when stopping the use of the latter, with capsicum and strychnine; belching of putrescent gas, with sense of "goneness," preferring hydrastine in minute doses if there is great irritability; catarrhs of the intestine and gall-ducts, obstinate constipation, hepatic obstruction or congestion; convalescence



Cannabis is useful for insomnia but uncertain. Opiates only for hallucinations causing wakefulness.—Diefendorf.

Senile dementia with nocturnal restlessness: Paraldehyde, or chloralamide are well suited here.—Diefendorf.

from diarrhea or dysentery, in children; locally for fissured anus, hemorrhoids, ulcers and eczema of the anus, prolapsed and ulcerated rectum; catarrhal, follicular or granular pharyngitis; syphilitic ulcer of nose or pharynx, sore throat, rhinitis, ulcerated or aphthous, tonsillar, pharyngeal or retro-pharyngeal catarrh; subacute nasopharyngeal catarrh where the mucosæ are dry and parched, secretions altered in quantity and character; in catarrhal hypertrophy with profuse discharge and thickening of the membrane it has no equal; when mucus drops into the throat ditto; use locally and internally; best if with catarrhs there is muscular debility; follicular and simple conjunctivitis, corneal ulcer, ciliary belpbaritis, trachoma, otitis media if free from granulations, eczema of the auditory meatus, and irritation from wax, in all which it is used locally; myalgia, when worse on pressure or motion (Webster); often reflexes from uterine, rectal and prostatic disease; reflex headaches involving the scalp muscles; pectoral tenderness from lacerated cervix; muscular pains due to hemorrhagic anemia; Schatz found it useful in hemorrhage from uterine myomas, congestive dysmenorrhea, hemorrhage in virgins even after curetting, hemorrhage from subinvolution, metritis, endometritis, parametritis, cicatrices, stenoses, and climacteric. He pronounced it too slow for postpartum hemorrhage, but good for passive forms, and for metrorrhagia. It is like ergot useful for chronic cerebral engorgements, like congestions. It has been advised for fungoid endometritis, lacerated cervix and pelvic cellulitis; leucorrhæas, vaginal and uterine; gonorrhea, gleet, with thuja; incipient stricture, spermatorrhea and cystitis even

with ulceration (King); cervical erosions and light papillary vegetations; scrotal eczema, acne, seborrhea sicca or oleosa, scrofula, rosacea, lupus, sycosis, boils, carbuncles and ulcers (Jeanson) when dependent on gastric disturbance; mitigates the severity of cancer, retarding progress; in convalescence from maladies with excessive mucous fluxes or hemorrhages; or from general debility, protracted fevers, inflammations, and nervous prostration.

Specific Indications.—Non-acute catarrhs, and acute purulent otitis media, gastric irritability; irritation of parts with feeble circulation; muscular soreness worse on motion or pressure; passive pelvic hemorrhages; skin diseases depending on gastric disease.

Ellingwood says hydrastis resembles strychnine but its influence is more slowly developed and more lasting; it stimulates the respiration and circulation, imparting tone and power to the heart, and influencing blood stasis like ergot. Muscular tissue everywhere is thus influenced. It inhibits the development of superfluous muscular tissue. It increases the secretion of gastric and intestinal juices, and peristalsis. In cancer of the breast he gives hydrastis if the tumors are hard and painful, conium if small, hard and painless; phytolacca if soft or undulated, tender, with pain extending into the axilla. None of these is valuable if open; all must be long continued and applied externally also.

The text-books give the toxic actions of this drug and say scarcely anything of the effects of medicinal doses; so that one would draw from them the conclusion that it was unfit for remedial administration. As a bitter tonic hydrastis has no superior, for all the uses to which



For insomnia of exhaustion or infection, alcohol, hyosine, somnos or veronal—the latter is cumulative.—Diefendorf.

In the use of sulfonal as a hypnotic it should not be overlooked that this agent decomposes hemoglobin.—Stern.

such an agent may be applied. The uses of berberine are fully described in another chapter. The concentration should be dropped out of use; and whichever of the alkaloids is indicated substituted.

Hydrastine may be ranked with the strychnine group, and Ellingwood's differentiation adopted. The writer has repeatedly noted the slowness of hydrastine in getting to work and the singular endurance of its effects. Its property of giving tone to unstripped muscular fiber renders it useful in both constipation and diarrhea when due to relaxation. It is a dryer of mucous weeping. It checks hemorrhagic oozing. When the mucosa are worn out by long-continued overstimulation, by alcohol or condiments, hydrastine will do more than any other remedy to restore functional activity. But in the treatment of hemorrhages it has been replaced by a better remedy, in hydrastinine.

The best effects of hydrastine are obtained from small doses long-continued. Give from gr. 1-67 to 1-6 before each meal and at bedtime, for a month before deciding on its value.

JUGLANDIN.

Juglandin is a resin from the root bark of *Juglans cinerea*, the common butter-nut. That employed by French dosimetrists is from *Juglans regia*, and is probably identical. As supplied by Merck, it is in the form of a brownish powder, of a saline and slightly bitter taste, little soluble in water, freely in alcohol, not at all in ether.

Juglandin possesses the virtues of the astringent aromatic bitters. It is a mild stimulant to the alimentary canal, laxative, in larger doses gently cathartic, causing no griping or subsequent weak-

ness of the intestine (Felter and Lloyd). It closely resembles rhubarb in stimulating the gastrointestinal secretions but does not have the subsequent constipating action so markedly. The above authors recommend it in coloproctitis, habitual constipation and other intestinal affections; atonic dyspepsia, indigestion with sourness and flatulence; tenesmic burning, fetid diarrheas and dysenteries, and intestinal indigestion with irritation; scrofula and chronic skin diseases with vesicles or pustules; as a cathartic in rheumatism and chronic respiratory affections; lumbago, intermittent and remittent fevers with abdominal congestion; murrain and yellow water of horses.

Specific Indications.—Chronic constipation, gastrointestinal irritability with sour eructations, flatulence and either diarrhea or constipation; diarrhea and dysentery with tenesmus and burning fetid discharges; torpid liver; chronic pustular or vesicular skin diseases freely discharging; eczema.

Ellingwood says it influences with great energy the liver, small intestines, colon and rectum, increasing the formation and flow of bile, and the activity of the intestinal glands. It closely resembles iridin. He considers juglandin valuable in duodenal catarrh, with torpid liver and jaundice, in small doses in dysentery and bilious diarrhea, and in intestinal diseases with irritability, hyperemia and tendency to inflammation; chronic constipation if dependent on defective elimination of bile, the stools clayey and dry; eczema, herpes circinatus, impetigo, pemphigus, rupia, prurigo, molluscum, lichen and chronic scaly affections; mucous irritations of throat, eruptions like scarlatina, *noli me tangere*, scrofulous glands, con-



Don't let a patient diagnose insomnia for himself. The narcotic habit is often the real malady.—Tompkins,

In our efforts to relieve insomnia we may add abnormal conditions to those already existing.—Clements.

gestion and irritation of the respiratory and gastric mucosa; nursing sore mouth, mouth ulcers with constipation; used locally and internally for chronic ill-conditioned ulcers, stimulating waste and improving nutrition.

How much of the effects of this remedy as above described may be summed up in the remark that it clears out the fetid contents of the bowel, stimulates a healthier secretion of the alimentary fluids throughout, and thus puts a stop to the toxemia resulting from the absorption of poisons from the alimentary canal. The eclectics have made many true observations as to the uses of such remedies, but they seem to have totally failed to explain their effects, or to grasp the principle that explains their pathology, and the success of their therapeutics.

Van Renterghem found he required two to three centigrams twice a day—gr. 1-3 to 1-2—to produce a purgative effect. Besides its purgative qualities he credits juglandin with special value in scrofula, the syphilitic cachexia, the mercurial dyscrasia, chronic intestinal catarrh, and helminthiasis. Used after mercury it is certainly beneficial, without possessing any specific control over syphilis (Pearson). Even here it is the digestive difficulties that are remedied by juglandin and that constitute the indication for its employment (Posner). Droxhe counted on curing 75 per cent of scrofulas with this agent; which acted mildly, with few relapses; the effects were slowly manifested, especially with non-suppurating glands; the local effects of the leaves being more decided than the internal administration; especially did he urge it as the best treatment of scrofulous ophthalmias.

Van Renterghem advises doses of gr. 1-3 to j four to five times a day. It may be associated with santonin for worms, mercury for syphilis, or with other cathartics.

MENTHOL.

Menthol is a camphoraceous body derived from oil of mint, that in the market being mainly from a Japanese oil. It is used externally for many purposes, but little internally. But as it may with propriety replace the old carminatives, it is well that we should be prepared to recognize any effects coming from this body, physiologic or toxic. Menthol so closely resembles camphor in its internal effects that the description of either will apply to the other.

Menthol is a local irritant and when swallowed causes a feeling of warmth in the stomach and coldness in the throat and mouth. Large doses cause nausea and vomiting; headache, confusion and excitement with slow pulse and flushed skin. There may be hilarity, delirium, hallucinations, restlessness, or motor excitement passing into convulsions. Periods of quiet alternate which increase until coma is present. Sometimes this occurs without the period of excitement. The spinal cord is depressed, the reflexes depressed, by very large doses. The convulsions are due to stimulation of the cerebrum. The heart is slowed somewhat, the vascular tension raised, the capillaries of the skin dilated, the respiration slowed and deepened slightly, normal temperature unaffected but fever lowered.

Menthol possesses considerable antiseptic power, and stops the movement of leucocytes. It is excreted by the kidneys combined with glycuronic acid.

For insomnia, the least possible drug, and the simplest; hot baths or food; rest and removal of the causes.—Clements.

There may be a hypertensive diathesis. Longevity is in inverse proportion to vascular tension.—Cook.

Menthol has proved useful for the vomiting of pregnancy. It may be given for gastric pains and colics, flatulence, in fact for the whole line of affections in which a carminative is indicated.

The dose is gr 1-12 to 1-4, repeated every five minutes till relief ensues; and best given dissolved in alcohol, ether or chloroform, and then diffused through a little hot water. The tablets should not be swallowed undissolved, as they may irritate the stomach. Fermentation in the stomach is usually stopped promptly by a small dose—gr. 1-12—of menthol repeated quite often.

RHEIN.

Rhein is a concentration from rhubarb, the root of *Rheum officinale*.

Rhubarb contains a glucoside chrysophan, besides emodin, chrysophanic acid, phaeoretin, erythorhetin, aporhetin, rheotannic and rheumic acids, and certain resins. Dragendorff attributed the purgative principle to the cathartic acid, while the astringent tonic action is due to the tannic acids, the antiseptic effect to chrysophanic acid and emodin. Hesse also obtained a crystallizable principle, rhein, but Tschirch attributes the purgative power to emodin, or chrysophan. However, the true values of rhubarb cannot be said to depend on any one of its constituents, as present known, but upon their combination; and although forming an exception to the alkaloid principle, we must content ourselves with the concentration until chemistry has advanced our knowledge. Yet it is one of the remedies that fills a valuable need, and cannot be replaced by any one of the modern remedies, though they have materially narrowed its field.

Therapeutics.—Rhubarb increases the

saliva, gastric and intestinal juices and stimulates peristalsis; later its astringent principles exert their influence. This renders rhubarb especially suitable to the treatment of diarrheas where it is necessary to clear the gastro-intestinal tract of offending matter and check the discharges later. In children especially this indication frequently presents itself. Rhubarb increases the secretion of bile, though not a powerful cholagog. In fact, it has the repute of stimulating the healthy, normal secretions instead of pathologic ones. The coloring matters are excreted through the kidneys and the renal excretion is increased. The purgative resins are excreted by the liver, intestinal glands, kidneys and skin. The nurse's milk contains enough to purge her nursing.

Rhubarb is used largely for the gastric and intestinal troubles of children due to improper diet, to cold, over-eating, and emotion. When the child is cross and fretful this remedy usually restores peace and happiness to the household.

It is also an effective remedy for colics dependent on undigested food or other irritating matter in the stomach or bowels. Travelers' diarrheas from change of water, of adults or children; sea and car sickness, acidity with irritating discharges, and hemorrhoids, especially during or after pregnancy, are benefited by rhubarb. For gastric catarrh the best way to use it is to take one of the granules as a lozenge, dissolved in the mouth, every one to three hours.

In the early and mild forms of summer diarrhea and cholera infantum, rhubarb is most effective. Here it may be given with emetine, hydrastine and menthol, a granule of each every two hours till the stools passed are natural in ap-

Alcohol acts by causing cirrhosis and by the production of toxins rather than by direct action upon tension.—Cook,

For increased vascular tension glonoin for quick action, amyl nitrite for quicker, sodium nitrite for more lasting.—Cook,

pearance. Zinc or soda sulphocarbolate should be added if the stools are offensive. In cachectic, rickety children the sulphocarbolate of calcium with the above combination is excellent.

Felter and Lloyd give as the specific indications for rhubarb: Gastric irritation, nausea, vomiting, elongated tongue red at tip and edges; irritative diarrhea with soreness on pressure; sour-smelling discharges imparting a sour odor to the child; gastrointestinal irritation with nervous irritability, restlessness, screaming and convulsive muscular contractions; constipation with a sense of intestinal constriction and abdominal contraction; light-colored fecal discharges.

Rhubarb seems unknown to the French Dosimetrists, who have utilized juglandin largely as a substitute—and the writer has found the latter so satisfactory that he does not use rhubarb one-tenth as much as he did before he learned to use juglandin.

The dose of rhein for a child of two years is a granule every two hours till the stools are normal. For adults two to five granules may be given at the same intervals.

SANTONIN.

Santonin is a glucoside from German wormseed, *Artemisia maritima*.

It is very insoluble in water but rendered soluble by alkalies with which it unites to form santoninates. It is slightly soluble in the stomach but most of it passes into the small intestine where it exerts its influence. Some of it is absorbed into the circulation, causing a peculiar disorder of vision, things appearing to the patient of a yellowish green. The urine assumes the same color. If very large doses are taken the darker

colors become invisible, blue seems green, and visual hallucinations may occur. The senses of taste, smell and rarely hearing, may be deranged. Very large doses cause twitching of the head muscles, rolling of the eyes, grinding teeth, followed by epileptiform convulsions; with contractions of the muscles during the intervals. Death during the convulsions is due to asphyxia. Confusion, nausea and vomiting may occur from ordinary doses, or aphasia. The convulsions are attributed to stimulation of the cerebral cortex, the interval contractions to increased activity of the parts lying between the cerebral peduncles and the medulla (Cushny). Large doses also affect the cord. Santonin lowers the temperature in most animals (Harnack). It is partly oxidized in the tissues and is excreted in the urine and feces in several forms. Two days are required for the elimination of an ordinary dose. The quantity of urine and frequency of micturition are increased. Urticaria has appeared after its prolonged administration; and even from one three-grain dose.

Therapeutics.—Santonin is the standard remedy for round worms. Solutions do not kill these worms outside of the body, and its remedial action is obscure. Von Schroeder suggests that it renders the intestine an unpleasant abiding place for them—which is very little explanation. Precise observations made in a London hospital showed that santonin did not entirely remove the parasites, since their eggs continued to appear in the stools after full treatment with it. Against thread and tape worms santonin is useless.

The dose of santonin for a child three years old is a grain three times a day. It



Vascular pressure is regulated by the amount and kind of exercise taken; which should not be overlooked.—Barnes.

The "scientist" says the growth of callus is due to mental impression. Would a bone thought to be broken grow?—Barnes.

is usual to combine small doses of calomel—gr. $\frac{1}{4}$ —with it. Lewin advises giving santonin in castor oil to hinder absorption from the stomach. Empty the bowels first by suitable laxatives, then give the day's dose of santonin, and follow in four hours with a smart laxative. Otherwise the worms may be digested and the efficacy of the treatment be uncertain.

In poisoning by santonin, empty the stomach and bowels promptly, control the convulsions by chloroform or chloral, and sustain the powers as failure threatens.

The notable effect of santonin on the nerve centers has led to its employment in other maladies. Lydston gives it for epilepsy, instead of the bromides. It is a good antispasmodic for children, says

Shoemaker; but we are well supplied with approved agents in this respect. Lydston begins with doses of gr. 2—5, for adults, and pushes it to tolerance. Saturation is denoted by the yellow urine, xanthopsia and vesical irritability.

Negro found santonin relieve the painful crises of ataxia; giving it up to gr. 22 daily.

Santonin has been given for color blindness, with some benefit in noncongenital cases. In other ocular maladies it has not succeeded. Nocturnal enuresis sometimes yields to it (Shoemaker). In anemic amenorrhea Whitehead gave santonin gr. 10 at bedtime repeated once, with benefit; and Masterman found this relieve uterine colic dependent on suppression of the menses.

Chicago, Illinois.

ALKALOIDAL MEDICATION.*

BY B. LITTLEPAGE, M. D.

THAT "the world do move" has been an accepted fact for lo, these many years, but those who first had the temerity to make such an assertion got mobbed for their pains. The history of medicine proves that innovations have been looked at askance. What was good enough for the preceptor was good enough for the disciple and, as a result, those who used their own brains were apt to be regarded as disturbers and erratic individuals who were more to be pitied than feared or respected. But the last half century has made some vast differences; and the last decade has seen some startling changes.

* Read at a meeting of the Kentucky Valley Medical Association.

Men have begun to realize that because a fact has been accepted for a century or two is no reason for its being unassailable. The fathers of the profession, even, have been fain to take to the new and drop a good deal of the old—not so much because they wanted to, as because their patients had grown wiser and insisted upon being treated in a modern manner. The electuary and the leech died hard, but they are dead, and the lancet has scarcely a kick left. And slowly, but steadily and surely, the old galenics are being dropped and the active principle substituted wherever it is possible.

This is a progressive period, and we must keep up with the times; if we do not, we must get out of the way, or be run over. To the man who knows, it is

The nitrites are elusive. Potassium nitrate has been recommended by Brunton as an efficient vascular relaxant.—Wood.

Increased vascular tension is always pathologic, never physiologic. Erythrol tetranitrate gives longer action.—Wood.

remarkable how often it is possible to use the alkaloids. Five years ago the list comprised some ten or twelve generally accepted alkaloids; today there are four times that number and, thanks to the Dosimetrist, we have a clear and distinct idea as to their dosage and applicability. Aconitine, atropine, morphine, strychnine, hyoscyamine, quinine, digitalin, ergotin, emetine, etc., are well known to every practitioner; but, gentlemen, there are a score or more of other alkaloids or resinoids which are as useful as these and if you are familiar with the list, you will be astonished to learn how easily and perfectly you can control conditions which hitherto defied your best efforts.

The alkaloids are potent; they are pure; and, moreover, they are permanent. They do not change; they do not evaporate or deteriorate; they do not take up as much room as a drummer's samples and the doctor who uses them can easily carry in his coat pocket enough remedies for the day's work. The use of the active principle would never have been general (for the reason that they need careful handling) had it not occurred to a wise Frenchman to make them up into granules, each granule containing a definite and minimum dosage. With infinite care and pains he experimented and worked, until finally he offered the profession a method of practice which was—and is—as far above and ahead of the old style as the sun is above the earth. The more potent active principles were offered in granule or tablet form, each representing gr. 1-134 or 1-67; the less powerful and non-toxic alkaloids were made in granules of gr. 1-12 to 1-6 or even 1-3.

It was proved by test that small doses

of a readily absorbed and active medication were, if administered often, more potent for good than larger doses of the cruder preparations given at longer intervals. Further, it was found that the small dose of the alkaloids was best under any and all circumstances. In the first place the system will absorb only so much of a remedy in a given time and, if somewhere about this quantity is given every half-hour or hour, the maximum safe effect is attained—and maintained. As a result of this discovery the Alkaloidal method of medication was introduced and the main maxim thereof is, *small doses oft-repeated—to effect, remedial or physiological*, this meaning that the granules should be given in doses of one or two every half hour or hour till either improvement is noted or the physiological effect of that particular drug is present.

When you use the active principles, gentlemen, you know what effect you may expect. When we use a tincture or fluid extract which contains not one but sometimes several alkaloids, which have each a different effect upon the human system, you do not know what to look for. Sometimes you get one effect and sometimes quite another. This of course depends upon the percentage of the alkaloid which existed in the crude drug and also to some extent upon the method of manufacture.

Moreover, tinctures are not by any means staple articles. The last dose from a stock bottle is not as strong (or is stronger) than the first, according to circumstances and its character. A fluid preparation of jaborandi for instance, may cause profuse diaphoresis—that means that pilocarpine present is in large quantities. On the other hand, it



The iodides have no effect in relaxing vascular tension but may increase elasticity by absorbing deposits.—Wood.

The depression of vascular tension by the nitrites is the kangaroo method.—Wood. Good illustration—goes by jumps.

may fail to do anything of the kind, but may cause alarming symptoms similar to those following an overdose of atropine. That means that jaborine (the companion alkaloid) is present in considerable amount and that pilocarpine is not available. Now, gentlemen, this example can be duplicated a score of times—any one of you who knows his *materia medica* knows that. Why then we should go on giving fluid preparations of drugs containing we know not what percentage of any given alkaloid, when we can give the alkaloid itself in proper and safe dosages, passeth understanding.

Who of us has not read or heard of some of the accidents which have followed the administration of too large doses of powerful medicines? Is there one of us present for instance who would like to leave an active tincture of aconite with the ordinary patient? We do it, it is true, but it is with fear and trembling and sometimes when we get hold of a particularly powerful sample after using something which had not much remedial potency, we have a surprise which tends to turn our hair gray. If we have aconitine amorphous in granule form, gr. 1-134, ordering one every half-hour till the fever falls and the skin becomes moist, or directing that it be stopped if there be tingling of the lips and fauces, etc., we can go about our business with a quiet mind and feel assured that when we return the patient will be better—provided, of course, that aconitine was the drug indicated. Even the alkaloids have to be given properly, but that is all that is necessary. It is actually a case of, "you give the right alkaloid and it will do the rest."

Were I to talk all day I could not make you appreciate the beauty of the

new method. I could only make you think and, once you do that you will infallibly try the active principles in your own work and then you will become, even as I have become, an ardent and confirmed Alkalometrist. I could tell you of my successes. I could describe cases which refused to yield to any of the old-time formulas but which gave way in a hurry when confronted with the alkaloids. But that is not my purpose, for by this time, no reading man has failed to hear of the method and its advantages. All I would do is impress upon you the fact that there has been discovered a great thing in medicine, a thing which has at last made of an inexact and unsatisfactory, an exact and eminently satisfactory science.

The alkaloids are in themselves, weapons of marvelous precision and power, but the men who have used them have become—as all men become who deal with precise things—extremely "nice" in the matter of diagnosis. As a result they have discovered things which were guessed at perhaps before, but certainly not taken advantage of. For instance, they have demonstrated beyond a doubt that many of the infections and acute diseases can be jugulated (cut short) if taken in time and treated properly. Pneumonia, typhoid fever and a dozen other diseases have lost their terror to some extent to the Alkalometrist, chiefly, perhaps, because he has learned that they all depend more or less upon a toxic condition of the system. Remove the toxins and the disease vanishes. They clean out the *prima via* and keep clean (aseptic); and in casting about for the best agent for this purpose one of the chief exponents of the method discovered is the sulphocarbolates. These

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The best means of meeting the problems of increased vascular tension is the application of the rules of hygiene.—Wood.

The nitrites are unsuited for continuous vascular relaxants. *Veratrum viride* affords more continuous action.—Robinson.

salts, calcium, sodium, and zinc, are given in conjunction, till the bowel is free from toxins. At the same time the system is supported, the proper remedies given for the condition and the result is, that in ten days or two weeks at most the patient—who of old would have been facing his crisis—finds himself able to be out.

This is no dream, gentlemen. It is being done day after day by common, every-day practitioners—practicians who have nothing about them out of the ordinary, except perhaps the faculty of

knowing a good thing when they see it. In short, the doctor who shuts his eyes to this advance in medicine is deliberately depriving himself and his patients of one of the greatest advantages. He who uses the active principles, must get results—he cannot help it—and getting these, he is certain to take a brighter view of medicine and so do better work and give better satisfaction to his patients. In conclusion let me say keep a stiff upper lip, and stick to the alkaloids—and “keep pulling!”

Clay City, Ky.



THE NEW AND OLD IN MEDICINE.*

BY M. M. FELT, M. D.

MR. PRESIDENT AND FELLOWS:—
After an elapse of eighteen years I again find myself in the position of the distinguished gentlemen whom you have before and since that time complimented with this office, yet after the lapse of all these years there remains the same feeling of distrust in my ability to interest you upon any subject new or old to the profession. I shall however devote a portion of my time to each, though I may in neither mention anything that is new to you. There is one method so fresh and so radically new in the line of preventative procedure, which if on trial it proves to be practical, will eradicate one disease from a part, perhaps the whole of this continent and thereby so materially lessen the danger to ourselves that not to call your attention to it would be well nigh inexcusable neglect of duty.

* A Presidential Address to the New Hampshire District Medical Society, Concord, N. H. Read by request before the New Hampshire State Medical Society at Concord, N. H., May 20, 1904.



Brunton recommended specially for vascular relaxation crude niter which contains some nitrite.—Robinson.

From an editorial in the *Medical News* of November 21, we learn that the inhabitants of Protera, Mexico, have decreed that all sufferers from yellow fever shall be promptly poisoned as soon as the symptoms can be identified or the diagnosis made beyond a reasonable doubt, and the “Alcalde and Council” have sustained their action. The editorial comment is that, “As to the City Fathers of Protera—to them we make our bow. The blue ribbon of originality should mingle with their civic ermine and their reasoning is sound even if hardly practicable in other communities that cannot boast of their ancient civilization.” As the people of Protera have not as yet, so far as I can learn, decided upon the kind of poison to be used to prevent the spread of the fever I do not recommend that any action be taken by this society at the present time.

I have never thought that water at the proper temperature brought in contact with the skin even at short intervals and copiously was dangerous to life or con-

With me a moderate dose of glonoin causes as big a head as that of a Harvard student in his first year's course.—Clements.

ductive to disease. My opinion has been so strong that it was not, that I recently took a bath myself. I am also of the opinion that a more liberal administration of it in certain cases and a proportionately less amount of some of the other liquids would not injure the health and happiness of the people of New Hampshire. But recently I read in a medical journal a communication from some probable crank claiming that the habit of bathing was a menace to health and induced various diseases that endangered life. Having hastily read the articles I thoughtlessly laid the journal aside and have not been able to find it since, so that I can neither give the name of the journal or writer or recall definitely the extravagance or absurdity of his claims. However, it is not best to hastily condemn a thing because it is new. In this matter I would suggest that we continue at least our semi-annual baths while we await developments, for it is possible that in the near future it will be proven that the indiscriminate use of *cold* baths in health or disease is, like the former use of the lancet, being much abused. I am even now convinced that the cold bath when, as is sometimes the case, it is not followed by an immediate and healthy reaction is anything but beneficial to health.

The very recent announcement of Dr. Frank P. Mallory, Associate Professor of Pathology at Harvard Medical School, of his discovery of the probable cause of scarlet fever is, it seems to me, the one thing new that promises to be of real value to the profession. On the fifteenth of December last, Dr. Mallory announced before the Boston Society of Medical Sciences that he had discovered

a protozoan that he believed was the germ cause of scarlet fever.

For years pathologists have been patiently seeking the germ of this disease among bacteria but had thus far failed to locate it. Not much more can be said at the present time upon this subject because Dr. Mallory in making known his discovery, with the characteristic modesty of the patient laborer takes the precaution to say "that the mere discovery of the presence of those bodies does not of itself prove their causal relation with the disease." Of course we too are aware that such is the fact; but the knowledge of the discovery proves to us that this is an era of progress and that there are scientific men in the profession who are constantly laboring for its advancement and our benefit.

I have called attention to these three new things because they are good illustrations of the notions that are continually brought to our notice in the current literature of our profession, and they further illustrate in fair ratio the valuable and the worthless.

The first is too barbarous to deserve any consideration whatever; the second is ridiculously absurd but with just a possible grain of consistency in it and the third is all too young to anything more than add hope to expectancy while waiting the result of future investigation. With these brief allusions we leave the new to consider something more familiar and practical because of its age; and if by so doing the office of President seems to have lost its importance I trust you will not attribute it to any lack of zeal but rather to the natural limitations the Creator put upon each of us.

It is not the object of this part of my



After one dose of amyl nitrite a man suffered vertigo on assuming the erect posture, for eight days.—Thomas.

The suprarenals supply vasoconstrictors; the thyroids vasodilators; iodine stimulates thyroid secretion.—Osborne.

paper to discuss the physiological action of the old familiar remedy but rather to relate a portion of my own clinical experiences with some of the preparations of mercury, particularly the mild chloride and the bichloride. Mercury was known to the Alchemist as early as 300 B. C. as a derivative of cinnabar but it was not till the beginning of the sixteenth century when chemistry and scientific medicine began to merge into one, that this mysterious substance—mysterious now as well as then—began to be considered as an important remedy in pathological conditions. Its application to disease commenced then on purely empirical grounds and centuries of experience and experiment have done but little to eliminate empiricism and substitute scientific reasons for a guide in the use of the metal.

In the early days of my professional career I found existing among the laity a strong, and I think well-founded, prejudice against the use of mercury or calomel, which seemed to be their synonym for all mercurial preparations. And it seemed to me that every one of them of my age enjoyed relating in my presence their personal or family experiences with mercurial salivation, which most always ended with a damn for the doctor that "did it." I also heard the older physicians relate *their* experiences with it, and how they had given calomel in 10 to 40-grain doses, occasionally even a teaspoonful for its sedative effect; and in cases of long-continued emesis smaller doses combined with opium to prevent purging, continued until the system was thoroughly saturated. I saw a few of these cases of swollen and protruding tongue, the saliva constantly dripping from thickened lips, the gums and glands

tumid, the former ulcerated, teeth loosened and sometimes prematurely lost. All these things seen and heard made such an impression upon me that I mentally resolved never to give calomel in any disease whatever.

Of course I did not stop to reason to a safe conclusion that like all other valuable remedies calomel could be wisely used without being blindly abused. Before long I had a boy about four years old under my care whose disease obstinately refused to respond favorably to any medication I could prescribe. I don't recollect what I thought the matter with the little fellow. I am inclined to think that I did not know but located the lesion between the two extremities of the alimentary canal or in some of the connecting intestinal organs. Perhaps to-day my diagnosis in a similar case would be just as vague and uncertain as it was then. As no sign or symptom showed any disposition to mend, I concluded that it was high time to lessen the similarity of my resolution to the disposition of the mule and, revoking it, commenced the administration of calomel, probably because it was about the only remedy I hadn't given; for I am sure I had no definite idea what the effect would be or what to expect of it in a very uncertain disease. Very soon the child commenced to improve and continued without interruption until recovery was complete. I do not pretend to know whether it was nature or medication that effected the cure but calomel was the last remedy given. I would not like to be understood as suggesting calomel in all cases we are unable to diagnose any more than I would advise appendectomy in all cases of abdominal pain.

The depression of vascular tension from two grains of sodium nitrite lasted for three hours.
—Cook.

The doses of aconitine and of veratrine necessary to lower arterial tension are less than those that depress the heart.

I had the pleasure recently, of listening to a very able paper by an eminent surgeon upon abdominal surgery and as usual appendicitis came in for its full share of consideration in the paper and the discussion that followed. All the surgeons declared in the most strenuous manner that there was absolutely no medical treatment for appendicitis. Nevertheless I am of the opinion that calomel combined with opium has an antiphlogistic action in appendicitis and in inflammation of other serous as well as mucous membranes. I have seen several cases of appendicitis recover, treated with calomel and opium and years have elapsed with no recurrence. I have a right to presume in those cases medical treatment was as effectual as surgical interference would have been.

I quote from H. C. Wood's *Materia Medica*, eleventh edition, as follows: "It is the general judgment of the profession, founded upon the thousand daily observed bedside facts, that endorse the use of mercury as an antiphlogistic." In other words our knowledge of the value of mercury in inflammation at present is clinical rather than experimental, empirical rather than scientific; but it seems scarcely possible that it is not correct. In using calomel for its antiphlogistic effect I think I would never push it beyond the first symptoms of its constitutional effect readily distinguished by the characteristic fetor of the breath followed by the slightly tumified gum marked by a dark red line at the junction of the teeth. At this point the dose should be greatly reduced or better still in a majority of cases entirely withheld. I have never found it necessary to continue to use it beyond the fetid breath.

In the condition often called "bilious-

ness," though I have never learned just what the pathological condition is to which the term applies, one grain of calomel triturated with ten of sodium bicarbonate administered dry on the tongue and washed down with water will generally be about all the medication required to relieve the morbid condition. But if you desire to make the case more remunerative give small doses of say 1-10 grain every two, three or four hours until the same result is obtained. What is now considered a large dose of calomel, from three to five or possibly 10 grains with sodium bicarbonate, is an effectual cathartic to clear out and render the bowels aseptic before an abdominal operation. Headaches due, as is said, to the disordered condition of the stomach and bowels, which is probably duodenal indigestion or fermentation, are readily relieved by a few days' administration of small doses of calomel or the bichloride.

In tonsillitis, pharyngitis, laryngitis, a dust of calomel or a tablet of the bichloride are very useful remedies. The good effect of these is in part at least due to their diffusion on the diseased surfaces and the local antiseptic influence. In my opinion much of the beneficial effect of the internal administration of either of the chlorides of mercury is due to its antiseptic and disinfectant or germicidal influence on the ptomaines and toxins in the alimentary canal. If each or either has a specific microorganism, which under favorable conditions live and multiply after their admission into the body by the ingestion of improper food or the imperfect digestion of proper food, this claim is certainly a reasonable one.

Notwithstanding the diversity of conclusions by careful experimentors in re-

The use of vasoconstrictors and dilators is limited to their application at the bleeding points.—Coley.

There is no universally applicable remedy for all sorts and cases of hemorrhages. Astringents are local only.—Coley.

gard to the influence of mercury upon the liver and its power to promote the secretions and the flow of bile, and the conclusion of some competent observers attributing the appearance of bile in the dejections to chemical changes in the intestines, the clinical fact remains that the exhibition of a purgative dose of calomel or blue mass is followed by the escape of large quantities of bile from the alimentary canal, I believe. I have many times observed that malaria with congested liver and spleen (which by the way is another condition to which the term "biliousness" is often applied) will yield more readily to the action of quinine after the administration of a purgative dose of calomel or blue mass. In catarrhal jaundice (another morbid condition called "biliousness") calomel, or blue mass produces the most satisfactory results, rapidly restoring the clay or putty-colored discharges to their natural brown.

A good many years ago I heard the late Dr. C. P. Gage state to this society while the subject of hyperemesis was under discussion that he had many times stopped the vomiting of children by the administration of a home-made pill containing a half-grain of calomel, $\frac{1}{8}$ grain more or less according to age of acetate of morphine (the sulphate wouldn't do) held together with moistened flour. Dr. Gage remarked that he had had many times offered a sixpence for every one they would throw up, but never had to pay out a penny on that account. I have made and used them with nearly as good effect and can assure you that neither the acetate or sulphate of morphine will do without the calomel. In acute sthenic dysentery I have found that calomel gets in its antiphlogistic work beautiful-

ly though it is quite possible that here too it acts as a germicide, especially in the tropical or diphtheritic forms. As a diuretic my experience has taught me that in children when the urine is scanty the quantity is increased under the use of calomel; and in acute suppression in advanced Bright's disease a purgative dose rubbed up with sodium bicarbonate has brought immediate though temporary relief. In a few cases of albuminuria the bichloride would decrease the amount of albumin during its exhibition but, on withholding the remedy the albumin would reappear, increased in amount sufficient to render it doubtful if the average amount had diminished.

Calomel as a dry dressing to indolent ulcers and syphilitic sores has, I think, been displaced by newer remedies but I would suggest that when the new ones fail to please you try calomel and probably the next time you will use it first.

In syphilis mercury is I suppose in its full physiological dose the one drug indicated. When I commenced to prepare this paper I thought to confine myself to my own experiences, but when I had written thus far I paused to consider and on retrospection found that I could recall but a single case of syphilis that I had treated from beginning to end, if there is such a thing as an end to syphilis this side of the grave. This man was apparently cured after two years' treatment with mercury and iodides separate and combined; but about twenty years later he died, idiotic, in my opinion, from the effects of syphilitic poison. I do not mean that this was the only case I ever treated, but the others were imported after infection elsewhere and being migratory in habit soon made



The hemostatic effects of adrenalin solution are those of a locally-acting astringent.—Coley.

Ipecacuanha and other emetics are useful by relaxing tension, but may be dangerous by the strain of retching.—Coley.

their escape from my observation so that I usually saw neither the beginning nor the end. I consider it the greatest of good fortune that I located in a community whose chief ambition and desire seems to have been to live moral and upright lives, being satisfied with the reward that virtue always brings. For clinical reasons therefore I am obliged to cut out mercury as an antisymphilitic.

I had also thought to call your attention to some of the many other preparations of mercury but I fear your interest will not stand the strain if I continue much longer, so in closing I will only allude to two or three of the mercurial lotions or washes. The black and the yellow washes, both excellent in many cases requiring local treatment by such remedies, have been employed for years and are just as efficacious now as ever. But in late years the plain solution of the bichloride of varying strength have supplanted them, being indicated in about the same class of cases—and they are much easier to prepare.

Formerly I had much trouble to relieve a very common and exceedingly annoy-

ing skin affection caused by contact with poison ivy or dogwood but for years I have not found a case of either that did not yield promptly to a solution of the bichloride, as have many other eczemas from more uncertain causes. Until I know how sensitive the skin may be to its influence I would not use it stronger than one to a thousand. The very general use of the bichloride solutions by surgeons and their equally extensive employment by the general practitioner has rendered them so familiar to you all as to make it superfluous for me to comment upon the aseptic or germicidal properties. Suffice it to say then that although newer germicides and antiseptics have been and are daily introduced, yet the bichloride remains at the head of the list and probably will there remain till long after the promoters of the new have passed to that better land, "Where the microbes cease from troubling, and the wigglers do the rest."

Gentlemen, I thank you for the honor you have conferred and the attention you have this day given me.

Hillsborough Bridge, N. H.



OBSTETRICAL EXPERIENCES.

BY Z. T. DODSON, M. D.

I PROMISED to write upon some interesting obstetrical work which it has been my fate to run up against in the past year, and I will state to begin with, that nature failed, for me, more times in the year just past than in all the previous twenty-six years I have been in the practice of medicine. But all the mothers are alive, save one, and she died afterward from another cause. Two babes failed to breathe, of which I

will speak farther on. I will relate them in rotation, so if there is any criticism, the cases will be easily followed.

CASE I. About 3 o'clock a. m., April 14, 1903, Mr. W. V. called me out. He said his wife had been having pains since midnight, and as she did not "fool much about such matters," we had better "hurry a bit;" this we did and got there in ample time. I made an examination, found a vertex presentation, pains pretty



Aconite lowers vascular pressure and is useful in sthenic cases of hemorrhage.—Coley. Aconitine to normalize pulse.

Glonoïn lowers vascular pressure most in the abdomen and the brain: it is unsuited to pulmonary hemorrhages.—Coley.

severe and the os dilated to the size of a silver dollar and everything all right. But she wanted something to ease the pains. I told her that there was no one in reach who could be trusted to give her an anesthetic, and I had, or soon would have both hands full. But she insisted and I told her if she could take it herself we might manage it.

She said she would try, so I prepared a cone by using an ordinary water glass, with a piece of cotton tucked firmly in the bottom, poured on a few drops of chloroform, and told the patient to keep it always inverted and as soon as she felt a pain coming to put the inverted glass over the nose and mouth and take several good whiffs. By this means, when the patient has enough, the glass will fall from the grasp; they never get too much, and sometimes not quite enough, but it fills the bill. Well she tried, and it worked like a charm.

As the os was a little rigid in this case, and I had been reading some glowing accounts in the CLINIC of the wonderful effects of caulophyllin in rigid os, I had a stock on hand and had been waiting for an opportunity to try it. So I gave her a few granules as directed. The os dilated and by 5 a. m. we had a 10-pound boy. Moved the placenta within one-half hour, the uterus contracting nicely and she made a rapid and uneventful recovery. Nothing very remarkable about this.

But now for that 10-pound boy. When he arrived, the nurse, took care of him after I had made the lady as comfortable as possibly under the circumstances. The nurse called me and said, "Doctor, the babe is deformed," and turned up his pedal appendages. Sure enough both feet were turned bottom side up—

Talipes varus, the worst I ever saw. She said: "What are you going to do about it?" I said: "Fix them, of course, do you think they will answer the purpose in that shape?" I then took a piece of adhesive plaster $1\frac{1}{2}$ inches wide, and long enough to reach the knee, began on the opposite side of the foot, brought the plaster around the bottom, or plantar surface, took hold of the foot and gradually turned it into the correct position, brought the plaster around the outer condyle and up outside of the leg to the knee. This manipulation apparently gave no pain; the other foot I treated in the same way. But after two weeks of this kind of treatment the strain on the cuticle of the outer leg was a little too severe and the talipes was inclined to recur. So I cut the plaster loose and substituted a straight wooden splint, one inch wide and of length to reach the knee; to the lower end of this splint I fastened some adhesive plaster, applied the adhesive around the foot as before, applied a cotton pad over the outer condyle, brought the splint over it and up the leg and fastened it securely by a roller bandage and adhesive strips. I adjust these dressings as often as they get loose. At the present writing the feet are nearly straight.

CASE II. This case I saw in consultation with Dr. P. C. West of Bickelton, who asked me to accompany him to see Mrs. J. Z., who had been under the care of a midwife. The runner could give us no insight, except that one baby had been born and there was something wrong, but he thought she was "in a pretty bad fix." After scouring the town for an extra horse, we were finally all mounted on the hurricane deck of a western broncho and headed for ten

Antipyrin is a local astringent only, and depresses the heart. Formaldehyde is toxic and irritant.—Coley.

Strychnine increases the vascular tension and is only useful in hemorrhages with threatened collapse.—Coley.

miles into the country. Well, we astonished the natives and ye editor would have "busted right out" with laughter to see us go. Perhaps you would have thought us three escaped lunatics trying to flee the country. But we got there in just thirty-seven minutes from the time we left town.

We found a very fleshy lady, between 40 and 45, in the throes of labor. The house was full of relatives who were there for the occasion, help or otherwise—more otherwise. Dr. West to whom the case belonged soon cleared the room of the superfluous. He made a hurried examination and found a second fetus with arm presentation. It was black as ink and we could not detect any signs of life. We concluded that the best mode would be to turn and deliver, so I administered the anesthetic while he replaced the protruding arm and brought down the feet and delivered. The babe was dead, although we made every available effort to resuscitate it. The lady came out from the anesthetic, and the placenta came in good season. The woman rallied and everything looked favorable. But the surroundings were unhygienic in the extreme and on the third day septic conditions set in. Dr. West, however, succeeded in putting her on the high road to recovery.

CASE III. On the night of July 28, 1903, Mr. T. sent for me in a hurry, sending a conveyance and a driver, but the baby was born and had been dressed when we arrived. The placenta, however, refused to "let go" and the post-partum pains were terrors. I made an examination for hour-glass contraction, abnormal adhesions and what not, but I could find nothing. I made traction on the cord as strong as I dared, and finally

introduced my hand, grasped the placenta which I found laying entirely loose in the vagina, with coagula in the uterine cavity. It just took four days to put a quietus on those pains, and I had finally to resort to morphine.

CASE IV. On September 11, 1903, I was called in somewhat of a hurry to attend Mrs. J. in confinement. I found her in good condition, contractions regular, about every fifteen minutes, but very light. I made an examination and found everything right, but as yet no dilatation. This was to be her third confinement, the previous to this having been ten years before. She knew "she was going to die," because she had not felt like she had with both the others. But I assured her that I could see nothing to indicate so sad an ending. I now ascertained, that instead of using saline laxative as I had directed, she had been using Dr. ———'s Favorite Prescription instead. But she was in prime condition for the ordeal. After making my examination I informed her that she had, if I were not mistaken, sent for me about twenty-four hours too soon, and proposed that she send me home and call again. But to this she demurred, saying she would show me pretty soon and as business was not rushing I waited to be "shown." I always charge extra for waiting and this was good pay.

So the hours went by. I insisted that she get up and move around. But no! She was afraid and would not. About 6 p. m. the pains began to bear down. They continued for about three hours and I actually begun to think she was going to show me. The cervix had dilated to the size of a half-dollar and there was considerable "show." I asked



Alcohol is of questionable utility in hemorrhages.—Coley. It is usually of questionable harm.

Purgatives relieve pulmonary and cerebral hemorrhages; venesection is useful in apoplexies sometimes.—Coley.

her to take some caulophyllin, but no, she was not going to take anything. She had stood it twice before and she could and would do it again—so I let her have her way.

Now right at this stage of the game the contractions ceased entirely; she went to sleep and was only the least bit disturbed by pain during the night. I laid down and went to sleep. She got up for breakfast and sat around all day. In the afternoon the second day the husband came and asked me confidentially if there was anything wrong, saying he would send for help if I needed it. I told him there was nothing to be alarmed about, his wife was not quite ready yet. But he was at liberty to send, as I always liked help. But he did not send and I just waited for further developments. I again asked to be excused, but received a flat no! At about 6 p. m. the lady said she felt some pains and she guessed she would go to bed, and the pains came thick and hard.

I made an examination and found things all right and in about the same condition they were the night before, the cervix being somewhat rigid. I requested her to take some caulophyllin, telling her it would relax the parts and made things easier. But no, she did not want to. I suggested she take chloroform but she had heard of that killing people and when she came to die she did not want any help. But as time went on she relented and agreed to caulophyllin. So I gave her a few of grain 1-6 doses and she said she believed it helped; the os became patulous and everything progressed nicely and by 9 p. m. we had (Jacob) a 10-pound boy.

The placenta followed shortly after, and the uterus contracted firmly. The

placenta on examination, appeared entire and every condition favorable. We had fixed up the boy's toilet, and were ready to change the lady's couch when she said she felt queer and yawned and said she believed she was flowing. I knew what she meant and at once grabbed the uterus and found it flabby. I kneaded it hard and fast, occasionally dipping my hand into cold water, and in a few minutes had the satisfaction of a firm contraction, at the same time expelling quite a lot of blood. I then gave her a good-sized dose of ergotin, six granules, 1-6 grain each, but kept my hand on the uterus, for as soon as I relinquished my hold, it would relax. In one-half an hour I gave her the same dose hypodermically, and it then appeared to get in its work. We then straightened everything up, and the husband brought me home, returning immediately to his home. But half a mile from home a runner met him, telling him to return for me as the woman was flowing again. In just an hour from the time I left her I was again at her bedside. I found the uterus again relaxed and flowing slightly. The kneading and ergotin not seeming to act as before, I called for some home-made vinegar, took some absorbent cotton, made a tampon, saturated it with hot vinegar and drove it up into that uterus and that "fixed things" in short order.

CASE V. This lady, Mrs. E. M., primipara, 26 years old and a brunette, came to town from several miles out in the country, ostensibly to engage my services to attend her in confinement, yet never said a word to me in regard to it. But on September 25, 1903, I was summoned to attend her at the home of her friend, and to-be nurse. Found her re-

The use of salt solutions for hemorrhage is limited to cases where the condition demanding treatment is collapse.—Coley.

Calcium chloride increases coagulability of the blood, but if given long this action is reversed.—Coley.

clining on a lounge in some pain. Told me that she had been in pain since the middle of the night before, but had said nothing about it to her husband, who had that morning departed to their ranch, not expecting the confinement for several days. I made the usual examination, found the os partially dilated, contractions regular, but not very severe. The rectum was clogged with a mass of feces, almost as hard as terra cotta. On inquiry she told me that she had not had an action for three days.

I told the nurse to fix up a good big injection and clean her out as soon as possible. She reported in one-half hour a grand success, and, if quantity counts for anything, it was. I gave her a few doses of caulophyllin, and gave her chloroform or rather had her take it herself according to directions. I saw her first about 6 p. m. and by midnight we had our 8-pound (Jessie) girl. There was a very slight rupture of the perineum, which I closed the next day by two stitches.

The placenta came away inside of an hour, and she made an uneventful recovery so far as her confinement was concerned. But her nipples got so sore in three or four days that she could not bear the babe to touch them. I exhausted my knowledge, but could not heal them while the babe nursed, so had to take it off, they then healed. But at the end of the first week the babe's mouth got sore, and it was certainly a sight. I had it washed frequently with peroxide solution and borax alternately; this seemed to be doing the work, then it broke out over the entire cutaneous surface with a fine scarlet rash; no increase of temperature. Where the skin surfaces came in contact, in folds of the neck, armpits and

between the thighs they discharged and were offensive. I prescribed a cleansing lotion and talcum, but it did not get well, and in a week they called in another doctor and it did not get well in another week, but it did finally recover.

Now what was the matter with the babe? I don't know and the doctor who succeeded me says he is as smart as I am, and he could not name it.

CASE VI. This lady is 26, tall, slender, brunette; mother of two children. She came to me in the early spring and told me she had missed one period and was nearing the other; she wanted me to give her something to bring her around, yet she did not think she was in a family way—so she said. She claimed that the doctor who waited on her the last time had said she could not ever have another child, for it would kill her. On making inquiry who her former attendant was, I made the remark that he was quite young to be trying to scare women and believed he was just joking. I asked what had been the nature of her former trouble and she said, "Oh, just such a hard time."

About midnight on October 8, 1903, a runner came for me saying that Mrs. R. was sick. We arrived in good time, and had an abundance of good help. The lady was in pretty hard labor and wanted chloroform, as she had had it during both her previous confinements, and I was willing, so I fitted her with a water glass and cotton inhaler, and handed it to her, and as the os felt a little rigid I gave her, some caulophyllin. The contractions were good and regular presentation all right and in about three hours from the time we arrived the baby was born, and now the trouble began



The benefits of gelatin in bleeding may be due to excess of lime, or to the increase in the blood's fibrin.—Coley.

The alleged hemostatic oils may act as local tensors restraining the loss of blood, but this is yet to be proven.

and I thought for a few minutes was going to end the scene.

With the child came a gush of blood like a torrent. I grabbed the child with one hand and the uterus with the other, one to keep the babe from being drowned and the other to shut the flood gates; had all bolsters removed, foot of bed raised and ice-cold water applied over the uterus; this was done quicker than I can tell it, and it had the desired effect, but the women was in a collapse. I poured the atropine, glonoin, ergotin and strychnine arsenates into her every ten minutes; one of each, then took my hypo and doubled the dose and kept it up until she began to rally, which was about an hour. I took a minute to tie and cut the cord to lay the babe out of the way. During that period I thought her former attendant's prophesy would be true.

I stayed with her until next day noon, when I left her, leaving her on arsenates of iron and strychnine, four every two hours. She looked more like a corpse than a living woman, but was feeling pretty well. I have no idea how much of that medicine I gave her during that collapse; I gave it for effect, and I guess I got it, as the woman is alive to-day and really looks better than she did before. After this was all over they told me that was just as she was before. Had they informed me previously I might have averted the condition, at least I could have tried.

CASE VII. This is to me the most interesting case I ever had. Mrs. H. C. H. had not been in good health for a long time, dating back to the death of an only son, followed by the death of a favorite daughter. I had never been called to see her, but her husband consulted me on several occasions and I had

prescribed a general tonic treatment. She seemed to be doing fairly well on this, from the reports of her husband. He also told me she was pregnant. Early in the morning of September 29, 1903, her husband came into the office in a great hurry and said that his wife was sick and the babe coming foot foremost. Sure enough, there was a foot presentation. The feet were cold and I supposed that life was extinct but I grasped the feet and delivered without any trouble. The baby was limp and blue but by hard work for an hour we succeeded in resuscitation and he cried lustily. There had been no more contractions; the uterus was large and boggy to the touch. I suspected another fetus but could detect no movement nor any fetal pulsation and could not make out the outlines of a second fetus by vagina nor from external manipulation. As there were no contractions and no hemorrhage I concluded to wait, so we sat down to await developments. We waited four hours, when I began to get restless and made another examination but with no better results than before. I communicated with the husband and wife and nurse, telling them what I had found or rather hadn't found, telling them that I did not know what the conditions were and if agreeable with them I would introduce my hand to ascertain.

They said, Doctor, go ahead and do what you think best, we have implicit confidence in you and if there is anything wrong we want it righted. I requested the lady to take an anesthetic, telling her it would be quite a severe task. She asked me if it would be any more painful than the birth had been. I told her no. She said, "then go ahead, Doctor, that did not hurt me."



The combination of morphine with atropine is effective in restraining hemorrhages, sedating and deriving.—Robinson.

For hematemesis wash out the stomach and give bismuth salts in ounce doses, to act mechanically.—Robinson.

I made my hands as clean as possible and taking the protruding cord for a guide I introduced my hand into the cavity of the uterus. The lady never made an outcry nor even frowned. I traced the cord to its insertion into the placenta, manipulated the surface to the right of the cord insertion, but when I tried the left side I run up against something and what was it? It felt like a sac of water, and it was, and on farther investigation I outlined a second fetus enclosed therein. Now what was I to do; I had made my diagnosis, the uterus by this time had begun to contract pretty firmly. So I told the attendants I would be obliged to rest and I did so while the contraction lasted. I now told them the situation. As I believed the fetus dead, I so stated to them, and thought the proper thing to do was to rupture the membrane and deliver at once. This I did by grasping the feet and bringing them down. The babe was lifeless. All means futile for resuscitation. The placenta or placentas for these were two distinct, one overlapping the other for about two inches the circulation being entirely distinct, followed immediately. This was also a boy weighing 8 pounds, same as first. The lady appeared to be all right for an hour, when all at once she said, "I feel so queer and I can't see." I looked at her. I saw something was wrong. She was pale and I at once thought of postpartum hemorrhage. But on a hasty examination found none. I then realized it was shock and at once began to pour in that "life-saver," glonoin, as fast as could be, about 1-250 gr. each, but this mode did not work fast enough to suit me, so I doubled the dose, together with arsenate of strychnine 1-30 gr. every fifteen minutes; also



The play of Hamlet goes better when the part of Hamlet is included in the cast. Atropine for hemorrhages.—Waugh.

had Dr. West, who was in the neighborhood, called in to assist me. But before this arrival she had rallied and made a rapid recovery, in a remarkably short period. At the end of a month she came into my office and told me she felt better than she had felt for two years, and she looked it.

But now comes another strange incident in the same individual.

On December 4, 1903, Mr. H. came into my office, saying his wife had taken suddenly ill with a severe pain in the right side, and wished me to see her. I found her suffering with a severe pain in the region of the gall-bladder. I could not ascertain much by palpation but from the symptoms of pain, nausea with a slight greenish vomit and no fever, I thought it gallstones or congestion of the duct. So I prescribed the eclectic "Hepatic" granules, two every two hours until the bowels moved, together with hyoscine hydrobromate and codeine every fifteen minutes, one of each until pain was relieved. She was apparently well the next day. All went well with her until December 13, 1903, when her husband came to me saying his wife had that pain again. I ascertained that she had made a very hearty supper the previous evening, consisting almost entirely of old cheese. Had not rested well during the night but was up and cooked the morning meal for the family, but made her meal again principally from the old cheese. After cleaning away the breakfast dishes she went to the closet and while there the pain struck her so hard she had to be carried into the house; she could not tell if her bowels moved or not.

I found her suffering with pain similar and in the same region as before,

If there is a leak in the garden hose, putting on the nozzle increases the leak; hence avoid tensors in bleeding.—Wood.

only more severe in all respects. No increase of temperature, in fact her temperature was 97° F. I prescribed as on the former occasion and soon relieved the pain and vomiting, but the "Electrics" had no effect on her alimentary canal. I followed up with the saline laxative every hour or two until we had consumed two medium-sized cans, and gave high injections, but with no effect, except to distend the abdomen. There was no increase of temperature but instead a gradual decrease; at the close of three days it marked 96° F.

At this juncture I called in Dr. West. He said she would die, a conclusion to which I had already arrived. But we gave her a big dose of castor oil, two ounces, together with a high rectal injection, composed of two ounces of Epsom salt, 1-10 grain elaterium and $\frac{1}{2}$ minim of croton oil in two quarts of menstruum. This cleaned out the obstruction. I had all this time kept her on strychnine, glonoin, with frequent baths of hot alcohol and tincture of capsicum, but the temperature kept creeping down, down, down. Yet she had remarkable strength. We gave her light food and peptonoids which she took with apparent relish, after getting a passage open. We had no trouble in keeping it so.

Pain all gone and soreness fast disappearing. She rallied and the temperature rose to 96° F. but would persist in staying there. On the night of December 17 she became restless and a bit flighty. At 4 a. m. I was called and found her in a collapsed condition, the temperature down to 95° F. I at once resorted to the life-saver glonoin, atropine, strychnine arsenates, 1-250 to 1-120, by hypodermic injection, every ten minutes, then doubled and after a short time, doubled

again, but only for a short time could the effect of the medicine be noticed. Fate seemed against us and each collapse left her lower; she finally died at 12—noon—of the 18th by slow asthenia, apparently, as if by hemorrhage, yet there was none external, and a postmortem was not granted.

Now I am only an ordinary country doctor and I don't know what ailed this lady. If anyone can enlighten us on the case, from this description, I shall be very thankful.

CASE VIII. Not the least interesting but the last of the present series and right up-to-date.

A Mr. P. R. told me some time ago that he expected to call on me sometime in the future. Could not say when, as he had lost his "notch stick." He said his wife was feeling as well as usual under such conditions; had a varicose condition of one leg which she kept bandaged with a pure rubber roller bandage. But she declared she was going to die—that she could not possibly live through it. I did not hear any more from him until February 19. About 4 a. m. he rattled my door bell saying, "Doctor, I am after you in a big hurry." I got up and looked out into a storm cloud that looked dubious, a regular blizzard, two feet of snow on the ground. It does not often get up such storms in this country, but it was doing it up about right. Then, I said: "Bob, why didn't you have her wait until the storm was over?" He said: "Phy! Doctor, I toes not node she coul't wait." I said: "Oh, easy enough when you know how, but as you have come with a good outfit after me, I will go over." So we started. The storm was at our back, but we did not make very good time as the tracks

Vascular tensors are bad for bleeding; depressants best; gelatin of great value.—Wood.

When much blood is lost, much retained in the skin by atropine, the increase of tension by the latter does not hurt.

he had been making through the snow for the past three days, so he told me, were entirely obliterated. But we waded through and got there in good season.

I found a small, slender lady, 42 years old, light hair and dark brown eyes; she was having slight contractions every fifteen to twenty minutes. I made an examination, found a vertex presentation, the head still high up in the canal, the uterus not dilated perceptibly. I told her she might as well get up and move around as she would have plenty of time to lie in bed for the next two weeks. I also found the rectum clogged with two days' old feces which I had the nurse remove by a high injection. Made inquiry if this was her full time; she answered, "yes." Then I figured her time, handed her the figures, telling her she was a day ahead, and she would not be sick until the next day. She was obstinate and so was I. I said to her, "you will see," and she said to me, "*you* will see."

By this time the cook had breakfast ready, and we went out and all took a hearty meal. The time flew along until noon—dinner, then on till night-fall—supper. About 6 p. m. the pains began to come on pretty hard. I made an examination, found the cervix dilating and I began to think she was going to beat me guessing. The contractions kept increasing in power but the cervix did not respond. So I gave her a few doses of caulophyllin. I now made an examination and found the cervix responding readily, and at the same time, I found a soft patulous something protruding from the posterior cervix that felt like a portion of the placenta. This made me feel shaky. There was also a slight hemor-

rhage, but not sufficient to give me any uneasiness. But at 9 p. m. all contractions ceased, the lady turned over on her side, and went to sleep and finally we all slept some, in chairs, lounges, etc. She slept most of the time until morning and at 8 a. m. we had breakfast.

After breakfast she sat down in a big rocking-chair but finally said she would have to go to bed as her pains were getting pretty hard. I now made an examination and found things about in the same position as the night previous, except that that patulous something had disappeared, but her pains were slight and far apart, so I told her that as I had left a sick child at home and had not informed my family as to my destination, I would go home and see how things were and return before she could need me. So I began to get ready to leave while the team was being hitched up. I got my things together, my heavy coat on and went to the door of her chamber. She was having a pain and as soon as it passed off, she said, "Doctor, take off your coat, for I am going to do business." I said, "That looks like you meant it." This was about 11 a. m. and by 12 o'clock noon we had the baby, the toilets all made.

Had I know this was going to lengthen out so long I do not believe I would have begun. Talk about it being no trouble to write! I have been three whole days and part of two nights on this grand effusion and will not have time to rewrite any portion. But I did not like the idea of being called "a sponge" and not give some one a chance to squeeze the good out of me if there is any. So I will hand this in without revision.

Cleveland, Wash.

Don't give stimulants for hemorrhage; vasodilators are dangerous and may carry the patient into fatal collapse.—Cook.

For hemoptysis apply blisters to chest and dress with morphine and atropine, says the veteran Frank Woodbury.

GLEANINGS FROM FOREIGN FIELDS

Translated by E. M. Epstein, M. D.

THE PHARMACO-DYNAMICS OF ATROPINE AND HYOSCYAMINE.

FOR some time past atropine has been employed hypodermically in ileus and strangulated hernia. This pharmaco-dynamic action of atropine on the intestines is now put in question. In six cases of incarcerated hernia Dr. Otermaier of Munich saw the spontaneous reduction of four immediately after the first hypodermic injection of one milligram (gr. 1-67). In the other two cases the spontaneous reduction took place after two, or three injections of one milligram each. In all the six cases the general condition of the patients immediately improved.

Hagen explains the success of atropine by its augmenting the force of peristalsis while it is constricting the mesenteric vessels. Bezold and Blochaum believe on the contrary that atropine diminishes the peristalsis. Traversa demonstrated by experiments on animals in 1898, that atropine hinders intestinal movements by paralyzing the ganglia and nerves of the intestinal walls. Here physiology stands in contradiction to clinical facts. The one shows that atropine excites peristalsis, and that neither small nor large doses of it paralyzes it; on the other hand atropine calms spasms, muscular contractions, and this action would be due to paralysis of the nerve elements in the intestinal walls. The contractions and narrowing of the mesenteric blood vessels hinder stases in the portal system, and so prevent collapse. The stasis in

the hernial sac is diminished and so the spontaneous reduction of the hernia is facilitated.

Some authors, among them H. Gebelle deny the narcotic action of atropine. The increase of blood pressure is according to them due to a paralysis of the pneumogastric. If that were true, then atropine would be useful in only slight cases of hernial incarceration and in ileus from coprostasis. In other cases the atropine treatment would be dangerous as it would delay surgical interference, and the greater the delay the greater is then the danger.

Pal of Vienna concludes from his experiments on dogs, that atropine has its action on the nerve ends of the pneumogastric and splanchnic. The intestinal muscles and their motor ganglia remain unaffected by atropine. The muscular tone diminishes, and the intestines are less excitable. According to this author atropine is useful only when the intestines are irritated by the way of reflex as in ileus. Mechanical stenosis alone is unamenable to atropine. In other cases this alkaloid is indicated.

The therapeutic action remains therefore in proper limits. Atropine is a narcotic of great value. In allopathic doses it displays often violent and disagreeable effects, delirium, hallucinations, cardiac and respiratory troubles; of these doses Dosimetry (Alkalometry), knows nothing. Moreover Dosimetry

never employs atropine and its congeners alone but associates them always with that vital incitant par excellent, strychnine, or its substitute, brucine.

HYOSCYAMUS. HENBANE.

This plant grows all over Europe (Asia and America) except in the extreme north. Dioscorides (first and second centuries, A. D.) named it "dog's bean," because when a dog ate it it gave him convulsions and then paralyzed him. All the plant, especially the seed, contains the alkaloid hyoscyamine, which Geiger (about 1833) for the first obtained pure from the plant. HoeHN discovered in the same seeds a waxy body, called "hyoscerine," a bitter glucoside, hyoscypricine," a non-nitrogenous resin, "hyoscyresine," and some volatile bases. Ladenberg admits that the plant contains two non-volatile alkaloids one of which is crystallizable, hyoscyamine, and the other amorphous, hyoscine ($C_{17}H_{21}NO_4$), isomeric with atropine.

Hyoscyamine acts, according to Schroff more on the pupil than atropine and is more hypnotic than it. Hyoscyamine, $C_{17}H_{23}NO_3$, crystallizes in colorless needles, melts at 222.8° F. In an alcoholic solution, in the presence of a little caustic soda, and after a little time hyoscyamine becomes transformed into an isomeric atropine. Pseudo-hyoscyamine, $C_{17}H_{23}NO_3$, is an isomere of hyoscyamine; crystallizes in yellow needles at 271.4° F. According to Schmidt and Hesse hyoscine is also an isomere of atropine.

Atropine has also other isomeres, as scopolamine, and duboisine. Scopolamine is isomere with cocaine. According to Hager the leaves of one year contain from 0.06 to 0.07, and those of

two years contain from 0.05 to 0.06 a mixture formed of a great part of hyoscyamine, very little atropine, and very little hyoscine.

DATURA STRAMONIUM. THORN APPLE.

This plant grows everywhere on the globe. Its origin is from the Caspian Sea. Its leaves contain daturine, discovered by Geiger and Hesse. According to Guenther the leaves contain 0.038 per cent, the seed 0.127 per cent, the stem 0.009 per cent, and the root 0.008 per cent of daturine. This alkaloid crystallizes in colorless, odorless, silken bundles of bitter crystals. Von Plata likens daturine to atropine. Ladenberg says that datura contains two alkaloids: one heavy, consisting of a mixture of atropine and hyoscyamine, the other lighter being pure hyoscyamine. Trossdorff found in this plant a stramonine, a neutral crystallizable body, insoluble in water.

SCOPOLINA ATROPOIDES (SCHULTENS).

This solanaceous plant grows in the calcareous soil of Europe. According to Langhaard its root contains a soap, rotoin, and scopolin. Scopolin contains equal parts of atropine and hyoscyamine mixed with a very little hyoscine. Lastly the plant contains also, scopolamine, $C_{17}H_{21}NO_4$. This alkaloid is contained also in the leaves of the duboisia, and in the seeds of datura.

DUBOISIA MYOPOROIDES (R. B.).

This is an Australian solanacea. It is a lignous plant, while the others treated before are herbaceous. The leaves of duboisia contain two isomeric bodies, viz., the hyoscyamine, Ladenberg, and the pseudo-hyoscyamine, Merck, responding to the formula, $C_{17}H_{23}NO_3$,



Adrenalin increases the vascular tension in the abdomen especially; not in the brain, muscles or skin.—Coley.

The studies of adrenalin are incomplete. Digitalis increases the flow of blood by adding to the arterial tension.—Coley.

and moreover scopolamine (Schmidt) equivalent to hyoscyne, Ladenberg and Hesse, and responding to the formula $C_{17}H_{21}NO_4$. Duboisine is a mixture of the alkaloids of the plant, whose proportions vary, and so is therefore, its action.

Homatropine, $C_6H_5CHOHCO_2C_2H_5-C_5H_8N$. CH_3 , is the amygdalic ether of atropine [known also as tropin mandelate]. The mydriasis which it provokes disappears soon (20 hours), while that of atropine does not till after six to nine days. The paralysis of accommodation which it produces is also very short. It does not provoke dryness of the mouth and larynx. Its maximum dose is one milligram (gr. 1-67), and *pro die* two milligrams (gr. 2-67).

These explanations were necessary for the further explication of the analogies which we notice in the therapeutic action and the collateral effects of the various alkaloids of the atropine group, which we shall pass next in review. [These studies will appear in a later number of the CLINIC.—GLENER.]—Dr. R. Tissot of *La Dosimetrie*, Feb., 1904.



BACILLI IN TYPHOID.

Many physicians base their indifference to intestinal antiseptics in typhoid fever to the finding of the specific bacilli in the blood early in the course of the attack, even in the incubatory stage. The logic of this argument is defective. So far as we know, no one has as yet demonstrated that all the phenomena of typhoid are directly due to this bacillus, and yet this is assumed in their conclusions.

And now comes Juergens and tells us



Ergot acts as a hemostatic especially upon the vessels of the uterus. Questionably on other internal organs.—Coley.

that he finds the typhoid bacillus in persons suffering with slight atypical cases of typhoid, and even in absolutely healthy subjects. And the bacilli in the milder cases were sometime far more virulent than in the severe ones. He asserts that the resistance of the individual is evidently the determining factor; but offers nothing to prove this.—*Zeitschrift fuer klinische Medizin*.

The escape of a few bacilli into the blood does not disarm us utterly. There still remains to us the chance of cutting off their reinforcements, and their allies, of rendering it impossible for either to breed in the alimentary canal, to generate toxins there, or for those toxins to be absorbed. Throw aside the whole matter of bacilli, and base your therapy on the broad principle that it can do no good for the patient to carry about in his body a quantity of decomposing fecal matter, or to have decomposition going on in his bowels, and we may still see reason for emptying the bowels and disinfecting them.

And in all cases we must recollect that it is after all not so much a question as to the fact of the benefit derived from this therapy but as to how the good effects are produced. We do not have to wait for the explanation. We can go ahead with our treatment and wait for the rationale till later.



NATURAL GASTRIC JUICE IN GASTRIC DISEASES.

Dr. C. Mayer, assistant of Prof. Von Noorden, writes concerning this in the *Therapie der Gegenwart*, 1903. The author reports his experiments with the kind of preparation made by M. Hepp of Paris, according to Pawlow's method,

The increase of vascular tension is bad in hemorrhages, especially in those from the respiratory apparatus.—Coley.

and obtained from the hog. This natural gastric juice is perfectly pure, without unpleasant odor and taste, and is less acid than the one obtained from the dog. He adduces six clinical histories of cases of hyperacidity in which not only have all subjective complaints disappeared, but the acid secretion has increased. The same results were obtained in other cases without an exception. The dose was at first 15 Cc. (about 4 fluid drams) after each meal, and subsequently the same dose three times a day at meals. Given before meals the preparation stimulated the appetite and proved itself of benefit in tuberculosis and anemia.



KIDNEY OPERATION FOR KIDNEY STONES.

Dr. Lichtenstern presented to the Society of Physicians of Vienna, Austria, at its session of April 23, 1903, a man 34 years of age on whom the operation of nephrotomy was performed for nephrolithiasis. He had pains in the region of the right kidney since his sixteenth year, which pains became colicky in character. Palpation gave the feeling of an enlarged and knobby kidney on the right, and stones were radiographically demonstrated. There was cystin in the urine, and laterly there was also cystitis. The right kidney was laid open by a lumbar incision, and was split longitudinally in the middle line. In the kidney pelvis were found a large dendritic calculus and 28 small cystin calculi. These were removed and the kidney sewed up leaving a small opening for drainage, and the kidney attached to the back wall of the trunk. The drain was removed on the sixth day and the result was a complete cure.

Morphine is useful in hemorrhages by sedating the nervous excitement. Hydrastinine is useful in menorrhagias.—Coley.

Dr. B. Kienboeck remarked, that it is only cystin and phosphate calculi that can be demonstrated radiographically because of their high specific gravity, which is not the case with the smaller urates.—*Wien. Mediz. Wochenschr.*, No. 18, 1903, p. 874.



It may be useful to know, that there are in some bodies peptic glands in the esophagus, situated on a level with the cricoid cartilage, similar to those of the stomach. This fact may help to diagnose and explain carcinoma and diverticula of the esophagus.—*Wiener Med. Wochenschr.*



It may also be of great use to know, that there is a kind of unfermentable sugar, called pentose, which is harmless when occurring in the human urine. This may prevent perturbation and an unnecessary restrictive diabetic diet. Euke of Stuttgart publishes a little book on the subject of *Pentosuria*, by Dr. Ernest Bendix, with a preface by Prof. Ebstein.—*Ibid.*, p. 84.



It may also be very useful to know, that *fresh yeast* with the addition of beer wort (unfermented and unhopped beer) is an excellent injection against female gonorrhoea, and her oft-playing leucorrhoea.—*Ibid.*



A very promising report comes from Vienna of a mammary cancer being healed by the x-rays. Whether the cure will be permanent and whether it is only in the superficial tissues, remain to be seen. The present results, however, are very encouraging.—*Ibid.*, No. 41.



Hydrastinine acts especially upon the vessel walls, and is useful for capillary oozing; slow in action.—Coley.

MISCELLANEOUS ARTICLES

THE IMPORTANCE OF CIRCUMCISION WITH SPECIAL REFERENCE TO THE SHORT FRENUM.

THE ordinary idea of circumcision is to remove the entire foreskin and it is considered necessary to do this operation when there is either redundancy phimosis or adhesion of the prepuce to the glans. The profession, as a rule, is divided as to the wisdom of doing a circumcision, some holding the view that it should be quite generally performed, others hesitating to circumcise at all, even when the parents express a desire for the operation. The pediatricist will, however, if he be of an observant nature, recognize the necessity of circumcision—complete or modified—quite frequently.

There can be no question but that many cases of convulsions are due to the irritation of the sexual centers and upon examination there will be found either some slight adhesions which bind the mucous lining of the prepuce to the *corona glandis* or a shortening of the frenum. The latter condition is more common than is generally understood and is particularly serious. If there is the slightest irritation of the genitals, this shortening will cause erection, and, as a result, the frenum will be pulled upon. Naturally this sets up reflex disturbances and the child is peevish, cross and restless or, worse, convulsions may occur.

In all these cases of short frenum, whether there is phimosis or not, it is wise to either circumcise—doing the classic operation—or release any adhesions which may exist and then divide the frenum. The latter, small operation, should

be done whenever it is apparent upon the drawing back of the prepuce, that the frenum is put upon the stretch, a condition mostly exaggerated during erection.

The division of the artery of the frenum is not the serious matter it is generally considered to be and the writer believes that its severance in these cases is absolutely beneficial. It reduces the blood supply and thus causes a subsidence of the congestion and irritation which so often exist. If this simple piece of work is performed the prepuce will so retract and the irritation will so promptly subside that the more extensive and to many objectionable operations will often be unnecessary.

But, as a matter of fact, in these days of local anesthesia, complete circumcision is a trifling matter and when done upon a very young child the shock amounts to nothing in comparison to the good which invariably results. All of which means: look up the genitals when you have nervous symptoms which cannot otherwise be accounted for—better still, look first!

In many cases you will find more or less adhesion and you will also most likely discover a short frenum. The latter may exist alone, however, and causes, as stated, quite as much trouble as the adhesions, nay even more. If you do not, for any reason, desire to do a circumcision, break up the adhesions and snip the frenum; you can tie the vessel if you want to, but in most cases firm

pressure for a moment with a pledget of cotton will suffice to stop the hemorrhage. If it bothers, wet your cotton in a solution of adrenalin chloride and the thing is done. Dress with some non-irritating dusting powder (europhen or aristol are excellent) and instruct the mother to keep the parts scrupulously clean. In most cases you will be surprised at the improvement in the child's condition which will follow.

Some will criticise my position, but it is not given to the writer to appreciate why. An experience of twenty years in hundreds of cases without one bad result, with marvelous successes is enough to satisfy, life being too short to argue with prejudice.

W. C. ABBOTT.

Chicago, Ill.

FOR THE BABY'S INDIGESTION.

I was called June 9 to an infant two months old and found its temperature 102° F., bowels constipated and tympanitic; pulse very fast; very sore all over and especially over the region of stomach and bowels. My diagnosis was acute indigestion.

I first ordered a teaspoonful of castor oil to be given; then one-half grain of calomel every two hours until three powders had been given, followed in two hours after last powder with another teaspoonful of castor oil.

For the fever I gave, aconitine gr. 1-134, four granules; strychnine arsenate, gr. 1-134, four granules; elixir lactated pepsin, one dram; water, enough to make two ounces. A teaspoonful to be given every hour during fever, then every two hours.

Next morning, June 10, there was no improvement; the bowels had not acted and the other symptoms were the same, except that the temperature had come down to 101° F. I then ordered another teaspoonful of castor oil and dissolved six Infant Anodyne granules (Waugh) in two ounces of water and gave a teaspoonful every hour. I prepared for the fever: Aconitine amorphous, gr. 1-134, two granules; strychnine arsenate, gr. 1-134, two granules; digitalin, gr. 1-67, two granules; elixir lactated pepsin, one dram; water, enough to make two ounces. A teaspoonful was ordered given every hour for four doses, then every two hours. I left instructions if the bowels did not act by 12 o'clock to use the syringe. I called at 2 o'clock in the afternoon and found the bowels had acted a little. I ordered another teaspoonful of castor oil and told them to use the syringe at 4 o'clock, which they did, getting a large action from the bowels which had a very offensive odor. By 9 o'clock the baby was resting nicely with no fever. I then dissolved two teaspoonfuls of Epsom salt in fourteen drams of water and added two drams of elixir lactated pepsin of which I gave twenty drops in water every hour for four doses.

June 11, no fever, soreness or other bad symptoms, so dismissed the case.

My experience with the use of the alkaloids is very limited, but I intend to change my practice, and use the alkaloids exclusively when I can. Of course, when I am able to do that I will understand the physiological action of medicines better.

J. W. McDONALD.

Brock, Ind.

To June 11 the mortality of Chicago for mid-year reached an average of 11.4 per 1,000; population estimated at 1,932,315.

Consumption is in June the most common cause of death in Chicago, supplying one-sixth of the death list.

The ailments of these little ones are often the most puzzling that we have to handle. In nine cases out of ten the trouble is somewhere in the digestive tract as in this case that you describe; and in nearly all of them the symptoms will disappear like magic when the bowels are cleaned out and nature is given a fair chance to assert herself. Your treatment was excellent, though we would have been tempted to use the enema at once and followed with the other eliminative measures. Doctor, have you ever tried the saline laxative lemonade for infants? If not, try it. It does the work and the little ones like it—and neither big nor little like the castor oil very well.—Ed.



APPENDICITIS.

I am greatly pleased with the CLINIC. In fact, I cannot keep house without it. I am using many of your remedies, which I have procured so far through the druggist. I will use more of them as fast as I know how; one must creep before they can walk. I have used Calcidin in one case of spasmodic croup in an old lady or rather it would according to old style be called acute suffocative catarrh. The case looked about as bad as it well could, but in three hours the patient was much better and made a rapid recovery.

Tell the boys that if they will treat appendicitis with the alkaloids and use Crede's ointment freely externally, there will be very little need of surgical interference. I have recently had a severe case; did not see the patient until he had been sick four days and under morphine most of the time. The temperature was $103\frac{3}{4}^{\circ}$ F., vomiting, and great tenderness after he came out from under the

morphine. He was very thirsty, countenance anxious, etc. He recovered perfectly in three weeks and is now at work.

One more pointer and I will close. For over twenty years I have treated the vomiting of pregnancy by rectal injections of sixty grains of potassium bromide in a cup of warm water, and so far have failed in only one case. Have just had a severe case in which nothing would stay on the stomach. The first injection stopped the vomiting, but still the patient suffered much with nausea. A few more injections morning and night stopped that. Then a few days' treatment with alkaline elixir and Antinausea tablets and she was all right.

F. L. LEWIS.

Beatrice, Nebr.

—:o:—

Glad to know that you had such successful experience with calcium iodized; this is the rule, however, and although it is not usual for women of that age to suffer with croup, calcium iodized will act just as nicely at seventy as at seven. We believe with you that appendicitis can be treated with the active principles and the life saved quite frequently.—Ed.



SOME "SURE SHOTS" WITH COLLODION THERAPY.

Aim 1. Erysipelas. \mathcal{R} Collodion c. p. three parts; castor oil one part. Mix. Sig. Smear over the affected parts and two inches beyond the area of the disease; repeat every six, eight, or ten hours as the severity of the case may demand. The disease will not spread another hair's breadth after the first application. It stops right now. Give, internally, salines and intestinal antiseptics to good



In June the mortality from pneumonia had fallen to one-eighth of the total mortality; 52 deaths in week ending June 11.

The low death rate in Chicago is mainly in those under five years of age and in contagious diseases.

effect, aconitine if necessary. This treatment will cure any case of erysipelas under heaven and do it *right now*. It has not failed me in eleven years' practice.

Caution: Do not give tincture of iron in this disease, it's dangerous; common sense ought to teach that it will add to the already excessive fermentation going on in the *primæ viæ*—*let it severely alone!*

That Iowa brother's prescription on page 302, March CLINIC, will do the work just as he says it will, but the efficiency of the treatment is due to the varnish and not to any effect of the coal oil as he supposes; in fact the coal oil retards the cure by maintaining capillary congestion, which is a thing to overcome before the disease can be cured.

Aim 2. All kinds of erythematous conditions of the skin stop at once and get well under repeated applications of collodion, c. p., with salines and the Intestinal Antiseptics internally.

Aim 3. Nettle rash (that horrible thing): \mathcal{R} Collodion, c. p. Sig. Smear over the rash wherever it breaks out and watch it disappear like a "snow-ball in a furnace;" add the salines and the internal antiseptics and your patient will come back at the next attack. **Caution:** Do not give quinine to these cases.

Aim 4. Bed-sores. \mathcal{R} Collodion c. p. Sig. Smear over all bony projections where sores are threatened and repeat every day. They will not come. Bed-sores are close kin to dry gangrene; the vitality of the parts is affected on account of the capillary circulation being shut off by constant pressure on one hand, and by the debilitated condition of the patient on the other. The collodion, in drying, leaves a film which contracts and thereby braces up the capillary circulation. It will usually cure a bed-sore

even after it has appeared. The parts should be first bathed with an antiseptic solution.

Aim 5. Smear collodion all over that chronic leg-ulcer; literally make a collodion stocking. It will brace up the capillary circulation and, with a moist dressing applied to the ulcer after first being cleaned, it will effect a cure.

Caution: Never allow a dry scab to form over an ulcer; its hardness will irritate the young healthy granulations that nature is trying to throw out and aside from this it prevents the drainage that follows the breaking down of such tissue. Make your ulcers heal from the bottom, and when well keep a collodion skin over them for one or two months or longer. You must have the leg shaved of all hairs before applying the collodion.

Aim 6. Bites and stings of insects. Three or four days after a bite by an insect or a sting of a bee, or wasp, there follows an itching and a swelling. Apply collodion, c. p., and be happy.

Aim 7. Use collodion on vaccinations from the shoulder down to the wrist, even over the sore, and with the addition of salines and the internal antiseptics the swelling goes right down and gets well.

Aim 8. Collodion, c. p., is a wonderful thing in minor surgery, but I presume every well-read physician knows that.

W. L. SMITH.

Argo, Tex.



PROLAPSE OF THE RECTUM.

Some twelve or fourteen years ago Dr. X., who was practicing medicine in my town, was called about a mile in the country to see a little boy, about fifteen



The milk supply of Chicago is still not good enough to suit the Health Department, containing too many bacteria.

Possibly the spread of the Clinic teachings has affected the mortality of Chicago—*antisepsis saves the kid*.

months old, who was suffering with a prolapsed rectum. After a trial, he found that he could not reduce the same, he jumped into his buggy, and took me out. Found the prolapse about three inches long, now somewhat swollen and resisting all our efforts at reduction. I sat on a chair, Dr. X. took the patient by the ankles and thus upside down, pressed the child's back against my knees; then reaching about the child with both hands, I made proper massage, soon found the prolapse begin to yield, and without further trouble the gut took its normal place. We put on a dressing to prevent a relapse. There has been no return; also there never was anything of the kind before. It was a mystery as to the cause of the prolapse. The mother was busy baking and could not, or rather, would not give any explanation. A neighbor's little girl told that the mother, while busy, was annoyed by the little chap, picked him up and "socked" him into a child's high-chair, when he screamed, and the prolapse was there.

JNO. Y. SHINDEL.

Middleburg, Pa.



PNEUMONIA COMPLICATING PREGNANCY.

FIRST TRIAL OF ALKALOIDAL MEDICATION.

Mrs. M. (multipara, age 34; eight months advanced in pregnancy) attended a funeral in a church which was warmed at the time of services hardly above 40° F. The next day she had a chill lasting one hour followed by fever; in twenty-four hours after the chill I was called. I found the patient sitting up in a rocking chair, unable to lie down. The respiration was 42 and very painful;



temperature 104.2° F.; pulse 120 and very weak. The abdomen was enlarged. Cardiac asthenia was progressive. I was unable to diagnose the contents of the uterus. She had had eight children in ten years.

There were two rooms in the house and ten in the family. Apparently they were afraid of soap and water. The temperature out of doors was 20° F. below zero. The prognosis looked bad. Parvin gives 68 per cent mortality in such cases. Lusk says "The type of the pulmonary inflammation is also more severe in the later stages of utero-gestation and parturition exerts an unfavorable effect upon women in proportion as their pregnancy is far advanced." My case was surely far advanced. The parturition itself, whether naturally or artificially produced, greatly imperils the woman's life, making exorbitant demands upon the already failing heart power and aggravating existing hydreemia. Again from the fatal results of parturition in pneumonia we conclude that the induction of abortion or of premature delivery in ordinary cases is unjustifiable.

A few moments previous to my call to this case I had received the contents promised as "contained in the 'nutshell'". Now or never! Here was a chance to give the new remedies contained in the little case a trial. To be brief Dr. Abbott's suggestions as to treatment for pneumonia were carried out as far as the few remedies would permit.

The third day after chill, labor came on; in four hours a pair of twins—both girls—one dead, the other living, were born, one large placenta came away, then the battle was on in earnest. Dr. Abbott,

The Chicago Health Department is extending its inspections to the dairy farms; and great benefit should result.

Can a babe die of cholera infantum, with pure food, intestinal antiseptics, and plenty of cold water?

your theory of "dose enough" stood me in good stead. It did seem many a time that the heart had beat for the last time but digitalin and strychnine given with a bold hand saved my patient. I would not dare to tell you how much strychnine I gave to her in the twenty-four hours, but suffice it to say, that I am not as afraid of strychnine as I was.

The pneumonia crisis appeared on the fifth day of illness. Defervescence was uneventful and three weeks after the chill I permitted the patient to sit up for the first time.

DANIEL G. LASS.

Hull, Ia.

—:O:—

It is cases like these—hundreds of them, thousands of them—which are winning the rank and file of the profession over to Alkalometry. Given the "arms of precision," endowed with a reasonable amount of common sense and the "sand" to follow out the "dose enough" and "clean out" precepts which are being taught in the CLINIC, any man can succeed in these cases—and succeed where the therapeutic nihilist (with the galenicals in which he does not believe) will fail. Get down to first principles and push and push hard!—Ed.

THIOSINAMIN.

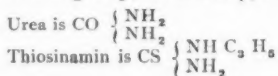
Those who have not yet tried thiosinamin, or have read little about this valuable agent, will probably find some interest in its history and uses.

Thiosinamin is not a new drug, it has been fully described time and again by various observers, but only recently has it received any particular attention. It was first noted by Berzelius as early as

1828, again by Streeker in 1857, then by Fowne and finally by Von Hebra, who was really the pioneer in its therapeutic application. Hebra studied the drug, both physiologically and therapeutically, using it extensively in skin diseases and tuberculosis, with encouraging results in the former but negatively in the latter. In fact, his later researches prove tuberculosis a positive contraindication to its use.

Tousey of New York has used thiosinamin quite extensively, and reports some very interesting as well as encouraging results in keloid. Suker of Ohio also wrote very interesting notes upon this drug; he used it in eye work.

Thiosinamin occurs in colorless, rhombic chrystals, having a faint odor (garlic-like), and is bitter in taste. It is soluble in ether, alcohol and water. Hebra gives the following excellent description. It is an allyl-sulphocarbamide, made by mixing two parts oil of black mustard seed with one part of absolute alcohol, and seven parts aqua ammonia sp. gr. 0.0960, warming to 104° F., and after a few hours evaporating over a water bath. The odor of mustard and ammonia disappear and on cooling the precipitate of chrystals of thiosinamin are seen. The following is the result of an analysis, showing thiosinamin to be of the same group, chemically, as urea.



Thus the oxygen has been replaced by the sulphur in the carboxyl and one atom of H by the allyl radical in the amin group. It is *not* stable in aqueous solutions.

Hebra first used a fifteen per cent solution in alcohol and water, but ex-

Free micro-bacteriologic diagnoses are made by the Chicago Health Department in all suspected cases of diphtheria.

Send in your specimens early for the Health Office to catch diphtheria in time to save the little one's life.

perience with this solution proved it to be objectionable on account of pain, so my own solutions were made in water and glycerin, two parts of the former to one of the latter.

The initial dose, hypodermically, was one-half grain, twice a week. This was gradually increased to three-fourths, to two and up to three grains three times a week, the personal equation and individual susceptibility of the patient being an index for the size of the dose and the rapidity of its increase. Some authors have given as high as three grains at an initial dose, but only by the mouth.

The results when given by the mouth are uniformly disappointing, *the only way to use thiosinamin is hypodermically*. The site of injection is immaterial: The loose tissues of the back, or the middle third of the arm are favorite locations. To be more specific: Begin with a solution of $\frac{3}{4}$ grain in water and glycerin, and *under aseptic conditions* inject the solution beneath the skin and underlying fascia, being careful to avoid any nerve trunk. It is not necessary to inject into the muscle as is done in mercurial treatment.

Gradually increase the dose to one, one and a half to two and if no contraindications, jump to three grains, thrice weekly.

At no time has there been any deleterious results. One patient complained of slight anesthesia and paresis of the forearm, which was only of short duration.

In a few instances a garlicky taste has been observed, after the maximum dose of three grains, but this was not constant. Profuse diuresis was a constant and noticeable phenomenon in all cases. The effect of thiosinamin on the

economy, independent of its action on the lesion, was most happy; improvement in appetite and a corresponding increase in weight was an early result.

Disappearance of skin eruptions was common, and in two patients a decided improvement in cardiac lesions took place; one, a hemic murmur, disappeared after three months' treatment; another, a mitral lesion also improved markedly. In my opinion this was not due to any specific action of thiosinamin on the cardiac muscle direct but to the general improvement in the physical condition.

Those pathological conditions in which thiosinamin is most useful and effective, are, in the order of their efficiency: keloid, or any cicatricial tissue growth (epithelial), corneal opacities or leucoma, lupus vulgaris or lupus erythematosus, glandular enlargements (non-specific or non-tuberculous), psoriasis (?), urethral stricture.

In deformities due to cicatricial tissues, the direct results of burns at or about joints, causing impairment of function, the hypodermic injections of thiosinamin will soften the cicatrices to an astonishing degree, in several cases in my experience resulting in complete functional activity.

My own experience in corneal opacities was most encouraging; the vision varied from 5-40 to 5-25, before treatment was begun. After three months the vision without lenses was raised to 5-10, 5-12, etc., with marked diminution in the size of the leucoma. There were five cases treated and all showed marked improvement.

The only contraindication to the use of thiosinamin in eye cases is that the eye should be absolutely quiet, if there is any

Since Jan. 1, 89 cases of smallpox taken to Chicago's isolation hospital—not one properly or recently vaccinated.

But one case of smallpox detected last week in Chicago—an unvaccinated Salvation Army soldier. Source unknown.

acute or subacute inflammation, proper treatment should first be used until the eye is normal. Fatal results have been reported in syphilitic glandular enlargement.

Paresis of the entire forearm, lasting nearly two weeks, resulted from an injection into or through a nerve trunk.

Thiosinamin is a safe and reliable drug, and in properly-selected cases will give good results; but do not expect too much in too little time.

W. R.



AN UNSAFE (?) PRESCRIPTION.

Will you kindly tell me what is the matter with the enclosed prescription that two of your Chicago druggists refuse to fill it and inform the patient that it contains two very deadly poisons and should not be taken for medicine at all? It was sent to a Chicago lady for her ten-year-old daughter, to be used for chronic bronchitis. I had given it to the child's grandfather (of course dose in proportion to age) and it had given him more relief than anything he had ever taken, and at his request I wrote a prescription for his granddaughter, who is troubled with the same condition, with the above results. It is as follows:

Heroin hydrochloride, gr. $1\frac{1}{2}$; sanguinarine nitrate, hydrastin, conc., Abbott's granules, aa., 30; spt. chloroform, ammonium chloride aa. dr. 1; spt. tolu, to make oz. 6. Sig. Teaspoonful every two to four hours.

Will you kindly inform the lady by card where she can get it filled and if it contains such deadly poisons kindly "show me?" I use the different ingredients of that prescription daily in my practice and have got nothing but the



Use Japanese thoroughness in preparing for the coming summer campaign and investigate the antiseptic methods.

most happy results from them. I have asked for the names of the druggists that were so accommodating and if you desire it will send them to you when I get them.

URBAN G. ILES.

Seneca, Kansas.

—:O:—

This is a matter of interest and importance. Chloroform of course is a poison if you like to take it in poisonous doses, heroin is also supposedly poisonous, but not in the dose given in this prescription, sanguinarine nitrate is certainly not toxic, hydrastin is not toxic, neither is ammonium chloride or spirit of tolu. We are inclined to think that the reason this prescription was not filled by the druggist is that your signature is printed and you are not a resident here. They think the patient may have obtained the blank from your office table and written the prescription herself, or something of that kind. There is no reason in the world why any druggist should not dispense this prescription. We shall take up this matter for the simple reason that it is preposterous that any druggist should refuse to fill a doctor's prescription of such an absolutely "regular" nature as this is. We should be pleased to have the names of those druggists.—Ed.



SMALLPOX.

Smallpox has existed here for nearly two years. The disease has been of the mildest type; no deaths having resulted from it that we are aware of. The city has done all it could to rid itself of it, with perhaps the exception of vaccination, no measures having been taken to

The cholera infantum season approaches. Get ready your intestinal antiseptics, and read the data concerning them.

that end save the vaccination of the school children, who were required to be vaccinated before they could enter school.

The mild nature of the disease was phenomenal; but few of the patients went to bed and many of those who were vaccinated were sicker than those who had the smallpox. We have seen patients walking about the streets with the disease in the papular and pustular stages, when the most unlearned could diagnose the trouble. In fact we were called into the streets to tell a patient who was covered with papules, what was the matter with him.

Some cases have only a few pustules and suffer very little or none at all; some complain with headache, backache, sore throat and so on, but never break out, and would not know they had the disease were it not in their families.

Another fact. A family had this so-called mild form; every member went down with it, sometimes three or four were down with it at once, and finally it got down to the last one, the father, and he had it most virulently, a "simon-pure" case of confluent smallpox. This occurred not only once but several times, in different families of course, all contracted from the so-called "Cuban itch." Some doctors seem to think that this mild type is not smallpox. That may be; but of one thing we are sure. You can contract the genuine article from it, hence it does not take a very broad reach of the logical powers to make smallpox out of it. *It is smallpox* and nothing else.

A word or two about this disease. It is the oldest malady that scourges mankind, having been studied and described under various names by the most ancient writers, and as to age it is old enough to be on the decline, if such a thing could

be; and it would seem that some diseases follow this course and disappear from among men. Smallpox was known in China 1122 years before Christ, more than 3,000 years ago, and was the most fearful pestilence that ever swept over the face of the earth, millions of new-made graves bearing evidence of its deadly course as it swept on in its work of human destruction.

The mildness of the present epidemic might be taken as an evidence of its decline in virulence, were it not for the occurrence of many cases which give no evidence of any abatement of its intensity.

The symptoms are those peculiar to this disease and are repeated in each case with all the variations of such matters in other diseases, no two being alike, and may be briefly summed up as: Sudden onset, severe chills, repeated rigors, rise of temperature, dizziness, nausea and vomiting, pains and aches in various parts of the body, notably in the lower dorsal, lumbar and sacral regions. This last symptom is a conspicuous feature and the ancients thought this was due to an "ebullition in the great dorsal vein." It is now regarded as a congestion of the spinal cord. This is followed by an eruption of small and red spots which came out first on the forehead and wrists, and soon spread to all parts of the body and became progressively papules, vesicles and pustules.

The treatment has been simple; many cases have had none at all, never becoming known to the author until they were well. My cases were treated along alkaloidal lines. Calcium sulphide was given to saturation and the patient kept on it. A throat wash or gargle made with Dr. Carl Seiler's alkaline and antiseptic tab-



Summer Complaint: Zinc sulphocarbonate, gr. 1-6 to 2, bismuth subnit. and Peptenzyme, 2 gr., each, every hour.

Summer Complaint: Give one to two grains of Intestinal Antiseptic, W-A, every half-hour till stools are odorless.

lets was used. My cases recovered in eight to eleven days, without any complications and little pitting. These are some deductions that we wish to make just here:

1. These mild cases convey virulent smallpox to other members of the family.
2. This mild form gives immunity from smallpox.
3. The mild form follows the rule of smallpox in attacking those exclusively who are not protected by vaccination.

M. G. PRICE.

La Follette, Tenn.



"HAY FEVER"—IT'S CAUSE AND ITS CURE.

There is an old saying that "no two doctors treat a case of hay fever alike." It is also probably true that no two patients would respond to the same remedies in the same way if they were so treated—that is to say, under the "old-time conception" of the disease. And today, what is the accepted opinion as to the cause of the malady, its pathology and treatment? As a matter of fact not more than ten men out of a hundred have the same ideas.

Since Dunbar reported that he had succeeded in isolating from the pollen of certain grasses a toxic substance which, applied to the mucosa of the nares, produced all the recognized symptoms of hay fever, the adherents of the "local infection theory" have had another brick to build with. But, alas! It is but a poor brick at best, for it also developed that this substance (a proteid) produced "no symptoms in those not predisposed to the malady." Moreover, Dunbar states that the pollen of the grasses alleged to be the offenders presents an absolutely smooth

surface and therefore "cannot possibly act as a *mechanical* irritant." Why not? May not the most perfectly "smooth substance" when it becomes "matter out of place" act as an irritant?

The whole matter simmers down to a simple question. Is hay fever (rose cold, summer catarrh, etc., etc.) due to the presence in the air of an irritating substance at all? If it is then does that substance act as an irritant of itself, or does it contain a toxic matter which is extracted or produced by the fluids of one person, but not by those of another?

If the disease is due to pollen or flower dust at all, and this dust or pollen does not *contain* any irritating substance, why is it that Smith suffers and Jones escapes, both being equally exposed? And, if the pollen does contain some toxic substance, why is it that Jones does not suffer from its presence, while Smith does? Simply because Smith's system is out of order; because his secretions are not normal; because his capillary circulation is deranged and the mucosa of the nasal passages and fauces is turgid and the excretory ducts occluded by effete and abnormal matter. Deposit in Smith's nares or fauces the toxin-bearing pollen or flower dust and the secretions present combine with it to form the yet unrecognized substance which sets up the local irritation with its train of agonizing and well-known symptoms. Take the same material by the handful and blow it into Jones' nose and down his throat and he will only sneeze—just as he would were you to use dust of any kind—and as soon as he rids himself of the offending foreign substance he will be at peace.

Disregarding all that has been said or written about the matter the problem resolves itself into just this; either hay



Summer Complaint: Begin by clearing the bowels well, calomel followed by rhubarb, castor oil or a saline laxative.

Summer Complaint: Thousands of doctors have saved every case since adopting the CLINIC'S treatment.

fever is due to pollen which affects certain persons each year in the same way (and if this is the case there must be some abnormality about such persons to cause them to be so affected) or it is a disease which comes at certain times to certain people in a certain place, and "pollen" has nothing at all to do with it. Observation, common sense and recent discoveries all tend to make the writer take the formerview. He believes that the systems of some people are deranged in some way not thoroughly understood and that when the dust or pollen of certain plants is deposited in their nasal passages the abnormal secretions act as a suitable extractive medium and as a result they become affected by a distinct poison, the said poison being the result of the union of their diseased secretions and the pollen. The same pollen brought in contact with normal secretions or mucosa would prove absolutely harmless, just as certain roots refuse to yield their active principles to aqueous solutions, but readily part with them to an alcoholic solvent.

All this would be interesting perhaps, but certainly not important, did the cure of the condition not depend upon an understanding of its cause. Examine your hay fever patients. Are they what you would call thoroughly healthy, normal people? Are secretion, excretion, assimilation and innervation all natural? Nine times out of ten you will say, "No," and the tenth case would prove no exception were you able to find the flaw. Let it be taken for granted, then, that the hay-fever patient is really 'sick' before he becomes infected by the pollen substance; that the symptoms of the malady, as we know them, are simply Nature's protest at an added irritation and that the best way to cure the condition is to prevent it.

Now A has the trouble every year; he didn't have it all his life, though! Some time before he first sneezed and wept with hay fever something went wrong in his economy and as soon as the pollen found a lodgement in his breathing apparatus he promptly became a producer of the specific toxin which causes the sneezing, etc. Send him away from the district and that subtle change—of which we are all aware and prone to benefit by, by sending our patients off "for a change of air"—takes place and he recovers. But next year he relapses; his system and surrounding conditions are all favorable! There are districts where the "poisonous" pollen is not in the air; send these people there and they are free from the malady.

The intelligent doctor must look the condition squarely in the face and begin to treat his hay fever people long before their annual attack is due. How?—that is the question. Experience has proven to the writer that elimination and improved metabolism are the secrets of success. Liver, spleen and kidneys, together with the intestinal tract, all need stimulation and "cleaning out." Uric acid and other toxic waste matter is in the system in excess. In many cases an analysis of the urine will tell you why the patient has hay fever. Of course the derangement of the system is reflected in the delicate mucous lining of the air passages and here there will be found either a dry and congested condition or capillary stasis with hypersecretion.

Patiently attend to elimination; regulate the intake of nutriment and output of waste; see that the skin acts properly and that the system gets the necessary amount of water and at the same time give a course of tonic treatment. You

Summer Complaint: To save every case, follow instructions and you will get as good results as we do,

Summer Complaint: Give calomel gr. 1-12 every hour for six doses, the saline next, then Intestinal Antiseptics.

will not have to deal with hay fever in *that* patient any more. You may the first year, but never the second. Small doses of calomel, leptandrin, euonymin and juglandin are the best hepatics, with salines, of course, to follow these. Calcium carbonate compound, barosmin and lithium benzoate act best as diuretics, and xanthoxilin will aid in eliminating waste.

At the same time hydrastin and helenin should be exhibited in fairly full dosage, together with collinsonin for their effect upon the mucous membrane. These drugs act better as a general rule when given in conjunction. In some cases one will give better results than another and as it is impossible to tell which will be indicated in a given case they should be prescribed together. I have noticed, moreover, that the effect is more rapid and thorough when the three remedies are exhibited.

One more remedial agent will be called for—this is calcium iodized. In nearly all derangements of health iodine will give good results, but it remained for the lime and iodine combination to act as a direct corrective of mucous-membrane congestions. In the earlier stages, before the slightest signs of the malady have appeared, the dosage should be small, not more than gr. 1-3 every three hours, but when the local conditions have become apparent the amount should be larger; from two to four grains may be given in a day, with advantage.

Once the disease has developed it remains for the practitioner to combat the underlying cause and at the same time to remedy the local abnormalities as quickly and as thoroughly as is possible. After wide experimentation I have come to the conclusion that the following is the most

efficacious and generally satisfactory treatment:

Institute the treatment as given and direct that the nares and fauces shall be cleansed thoroughly at least three times daily with warm Seiler's or Menthol Comp. solution. The atomizer or douche may be used or the solution may be snuffed up from the hand—the last probably being the best method. The stream from the atomizer is apt to strike the mucous coat in one point and so set up some irritation. The nares are then thoroughly sprayed or swabbed with a solution of adrenalin chloride, fluid hydrastis, liq. atropinæ, glycerin and water. It will be found most convenient and effective to apply the solution on a cotton-wrapped probe (a roughened hair-pin or tooth-pick will do). A separate piece of cotton should be used for each nostril and as a last step the patient should throw back the head and press the saturated cotton firmly against the side of the nostril, allowing the fluid to flow back into the throat. Instruct him to keep the head in a straight line, not leaning from side to side. In some cases, where the fauces are irritable and an irritating hacking is a symptom, dilute one part of the solution with three of water and one of ext. hamamelis and have the patient use as a gargle. This solution reduced again one-half with distilled water makes a most excellent collyrium.

The hay-fever patient is invariably in need of tonic treatment and in addition to the strictly alterative and remedial treatment suggested he should be given three times a day a tablet of quinine valerianate, arsenous acid and nuclein. This may be given in conjunction with the calcium iodized very nicely.

During an attack diet is important, as

Summer Complaint: See if you can find a doctor who condemns our treatment who has ever tried it. We can't,

Summer Complaint: We do not ask you to accept our word; we make you judge and jury, without appeal,

is also the care of the skin. Fruits, vegetables, sea-food and milk and eggs should be eaten to the exclusion of meats, and fat in any form should be avoided. Sweets are also to be tabooed. Coffee and tea are injurious and should be restricted. Every night and morning the hay-fever patient should take a tepid salt water sponge, finishing with a brisk rub with a rough towel. If living in a locality where he is exposed to the pollen which affects him, he should use the solution before going out and insert a small piece of gauze, on which a drop has been placed, in each nostril. Some people cannot manage this; others breathe quite comfortably and assert that they derive great benefit from the device.

However, the gist of the writer's theory—which has been proved effective by rigid and repeated test—is that the disease can be best cured by placing the addict in such condition that he ceases to become subject to infection. The treatment outlined accomplishes this and proves, moreover, the most effective remedial method the writer has been able to discover after the infection has taken place and the period of sneezing and weeping has set in. It should be borne in mind that hay-fever patients are apt to finally develop other nasal disorders. Hypertrophy of the turbinals, spurs and rhinoliths may exist and these, of course, must be looked for and treated if present.

GEO. H. CANDLER.

Chicago, Ill.



THE VERY LATEST.

At a recent meeting of "prominent doctors" in the metropolis, Puerperal Eclampsia was discussed for hours.



Summer Complaint: If we are right you cannot afford to neglect our treatment. Lay theory aside and try it.

Morphine, chloroform and other things were recommended but not one word was said about veratrine—the one remedy which is of real service.

Cardiac syphilis is a more common disease than is generally known. In all cases of heart disease—even in infants—the possibility of its specific character should be considered and if doubt exists small doses of potassium iodide exhibited for a prolonged period.

Adenoids are accused now of causing the annoying "red nose" which comes sometimes even to the most abstemious person. Examine always for this condition.

"Dyspeptine" is not an advertised "Proprietary," but a new, scientific digestant which represents the entire digestive juice of the hog. The "juice" is obtained through a Pawlow's incision. Drams two to ounce one is the dose.

Iodoform, intravenously, is now strongly advocated in advanced cases of tuberculosis. Good results follow its exhibition.

Erysipelas yields to iodine painted freely over the infected area and ol. camphor. and ichthyol (of each oz. 1) rubbed in subsequently. Cover with cotton thickly and repeat application three times a day. Pilocarpine internally.

Thrush in its most severe form will yield to iodine (dr. 1 to glycerin dr. 6) applied freely with a swab. The mother's breast should be washed with an antiseptic before nursing.

Hydrogen peroxide (30 per cent sol.) applied to pigmented nevi will cause their disappearance in ten days. Use a glass applicator.

Anal fissure is treated by cocaine to the fissure, relaxation of sphincter with

Summer Complaint: Get rid of the milk fetish. It has slaughtered more than Saul and David, and Herod also.

belladonna and the application of a cord of cotton—about the thickness of a knitting needle—to the opposite wall of rectum. The cotton is soaked in a mixture of ichthyol dr. $1\frac{1}{2}$, cocaine gr. 1, ext. belladonna gr. 8. This comes in contact without filling the fissure and is left till expelled naturally. Repeat daily. Cure in one week.

Colic in infants often yields to massage along the colon, and the administration of alkalies and carminatives. Spt. ammon. aromat., gtt. 30; glycerin, gtt. 30; aqua menth. pip., oz. 1, makes a good remedy. One teaspoonful is a dose. If acidity is absent, milk of asafetida will serve splendidly.

Furbinger claims that calomel is not an intestinal antiseptic and Muller arises to state that intestinal antiseptics are no good in typhoid anyhow, as it is a systemic invasion. Yet we shall not drop our intestinal antiseptics! Cures come before theory.

Despite evidence to the contrary, writers are asserting that croupous pneumonia is a self-limited disease which runs its course, medicines or no medicines. When we read the treatment these gentlemen depend upon, we understand their view of the matter.

Sodium sulphocyanide is recommended highly as a remedy in syphilitic cephalgia. Half-ounce doses of the one per cent solution are given between meals. The drug may be given per rectum.

Constipation in milk-fed babies is often troublesome. A few grains of sodium phosphate may be added to the milk or better, the saline laxative may be used. Dissolve a teaspoonful in eight ounces of water, sweeten and place in bottle. After ten at night give this alone

when the child cries. If the babe is "breast-fed" the same applies and the rest as good for the mother as it is for the child.

Ergotin is considered to be useful in tubercular meningitis. It is given in full doses with potassium iodide and bromide. Iodoform and petrolatum is applied to the shaved scalp. Recovery followed this treatment in each instance.

Be positive! Don't say to a patient "take this and let me know how it works and if that doesn't cure you we'll try something else!" No one ever got results that way. Impress your patient; make him know *you* know what you are doing. The use of a phonendoscope impresses a patient more than does the act of simple auscultation. Use "suggestion." If you have a hysterical patient, don't berate or deride her; some other doctor will treat her and take the fees. Put some bitter and nauseous compound—strychnine, asafetida or something of the kind in one bottle or glass; in another prepare some pleasant mixture. Do this before the patient and, as you do it, direct that the nasty medicine shall be given every five or ten minutes till improvement, alternating with the other. Order that as soon as patient is better the former be stopped—to be resumed again, however, the minute there are signs of a relapse. There will be a speedy recovery and you will still hold the patient and family. Be politic. It is not always necessary to say what you think: Act as you deem best, but keep your tongue to yourself. Policy, Suggestion and Positiveness are important qualities in the doctor's "make up."

"The most deadly enemy of the human race is Fear," says a recent writer.



Summer Complaint: No food but pure water for 24 hours: then raw egg-white in ice water; ten-drop doses Bovinine.

Summer Complaint: In protracted cases give freshly-pressed fruit juices to prevent scurvy. Grape-juice.

It demoralizes character, destroys ambition and renders achievement impossible. It has been likened to carbonic acid gas in that it causes mental, moral and physical demoralization. And yet we live from the very beginning under the domination of this terror. Children are taught a thousand times a year to fear something—something moreover that is perfectless harmless. They fear the dark, the doctor and the devil about equally. Women of mature years fear mice and bugs of all kinds. Why? Because they have been taught to do so. Impress upon your patient the necessity for training themselves and their children to have no fear. Tell the mothers that the most evil turn they can do their little ones is to teach them to fear the dark—or anything that is not really injurious. Above all teach them to love the doctor. Half the battle is won when you have the child-patients' affection and confidence.—ED.



SOMETHING ABOUT ALKALOID-AL AND "OLD-STYLE" MEDICATION.

I am in receipt of your Alkaloidal Digest. I want to thank you very kindly for it. Today has been my first day off for many months. Have just read the CLINIC "from alpha to omega" and the way some of the good boys have "gone after" you and us is amusing. It has been said some people "go off half cocked." Better go off half cocked than not go off at all. When a man speaks what he thinks and don't take long to think we may answer him and have more chance of convincing him than we have of convincing a man that shuts up like a



clam and will not speak. In the April number, *Out Door Life*, there is described a bird, for the want of a better name, called a "goose duck!" Some of our friends want to make it appear that we Alkaloidists are like this—hybrid.

When we cannot suit the remedy to the conditions, we have our active principle and not one of these remedies is of unknown strength. We are not after what it is or what it seems to be but what it really does when properly directed. The statement these men make will not leave them any ground to stand on. Let Dr. B. X. Carbin try the treatment laid down by these same "windbags" whom he so harshly criticises. He says he should "hate to have to practice medicine without the Vaginal Antiseptic, Buckley's Uterine Tonic, Euarol, Anticonstipation granules, Calcidin and calcium sulphide." Then he thanks you for "making the practice of medicine easier and better." That seems good! He just couldn't help saying it either.

These boys are still harping about too much aconitine. It was my pleasure eight years ago to be called to see a patient of an older physician while he was absent on a visit. Diagnosis was "pneumonia." Doctor had left veratrum viride in solution; nurse had given dose enough to bring the temperature to 97° F., pulse to 40 beats to the minute. We are surely not likely to reduce pulse and temperature lower than this patient's by using too much aconitine. Yet there were no bad effects following the veratrine and the pneumonia was a thing of the past. This old "gag" of "we don't cure or shorten disease" is only a scheme to keep them from "getting busy" right at the start, for they seem to try harder

Summer Complaint: The sulphocarbolate of zinc, chemically pure, is the greatest remedy ever given to a child.

Hiccough: As a neurosis, the valerianates of caffeine, atropine and strychnine, together, will relieve.

how to find out what not to do than what to do. An "honest confession" is good for the soul.

One patient we had we treated nine years through hemorrhages, pulmonary tuberculosis, gastric catarrh and a serious kidney trouble with one attack of acute dysentery. During the second attack of the last-named trouble we were prevailed upon to leave some morphine to "quiet the patient." The temperature was 99° F., pulse 90; the woman was 55 years old. The temperature had dropped from 102° F., pulse from 120 per minute. Her daughter, in face of directions on box gave ¼ grain morphine at 1 a. m. and ¼ grain at 2 a. m. The patient died from morphine poisoning. That's "large dose, old style!" Another man, 76 years old, twenty years ago had sciatic rheumatism; was in bed three months. Last year he had the same trouble. A blister over notch, with the active principles internally, got him up in one week. Another, Mr. B., age 63, had acute dysentery with twelve movements before noon, all very bloody. In answer to a question he said that twenty years before he had the same trouble and was in bed three months. He was sure he would "die this time." He was up and walked one-fourth mile to see me on the fourth day. The treatment was alkaloidal with intestinal antiseptics.

Pneumonia has been very prevalent and fatal in Louisville, as in other places. A man, 55 years old, taking 10 to 12 grains of morphine daily, had pneumonia of the left lung. Active principles and lessening morphine soon brought him around. Would the old-style have been "in it?" His temperature was 104° F., pulse 120. Aconitine, digitalin, strychnine and Triple Arsenates with Nuclein and saline was what we used.

Here is another picture. A young colored woman whom in September, 1903, I had treated through typhoid fever. She had been subject to "bronchitis" for fourteen years. She died this month of pulmonary tuberculosis.

March 18th I was called to see a man 75 years old who had just passed through a severe case of la grippe. His temperature was 99° F., pulse 90. I prescribed and went home. The old man got up, walked out doors and fell dead with heart trouble.

March 14 I called to see a fine boy seven months old. His temperature was 104° F., pulse 140. Diagnosis: pneumonia. Treatment: calomel, saline, aconitine, "Trinity," Anodyne for Infants, Calcidin, castor oil. Bowels washed out with rectal enema. March 20, temperature normal with some bronchial breathing. Two teeth cut below, two coming above. Temperature 21st, 102° F. From that time till the 24th it ranged from 102° to 104° F. At 2 a. m. on that date the child died in convulsions. Temperature went to 106° F. just before death. Consulting physician said: "Absorption from alimentary canal" killed the babe. My diagnosis was "brain fever, superinduced from cutting teeth." This child's lung trouble and bronchial trouble had apparently cleared up. The last convulsion drew the child's face to left and closed the left eye air-tight as if glued. The right stood wide open. Child's bowels moved twice on the 23rd; did not move on 24th.

These three cases are all I have lost in a very busy practice this winter and we



Hiccough: Camphor monobromate has been advised for men, valerianates for women; but in all cases study the cause.

Hiccough: Very often the stomach is overloaded, perhaps dilated, or there may be a tumor, aneurism, irritating the nerve.

have had more typhoid and pneumonia this year than ever in Kentucky.

S. D. WETHERBY.

Middletown, Ky.



A PROBLEM IN "ETHICS."

Since writing you last concerning the treatment of my tuberculosis patient, one of those common affairs turned up, which occurs to almost every practitioner. I had been telling the parents of the patient for some time that I thought their daughter did not have more than one chance of life if that—a fighting chance. At this juncture along comes a traveling doctor (a fake). He told the parents the patient had three chances to live; and if he had the case she would get the benefit of them.

Immediately they gave him the case and dropped me. On the twelfth day of this treatment, at 3 o'clock in the afternoon, after having eaten at the table a hearty breakfast in the morning of the same day, the girl died very suddenly in a collapse which lasted about ten minutes, while her father and brother were working in the field, they thinking her on the road to recovery. And, the mother, being very delicate and subject to heart depression, fainted away, thus scaring the whole family terribly. With all possible speed they dispatched a near neighbor for the writer, saying the girl was dead and the mother dying—that I must get there as quickly as possible, and work with the old lady. And, I being of a kind and forgiving spirit (like most doctors) went, of course; and after administering heart tonics of the alkaloidal class, she revived. Now, didn't I do wrong? Would I not have been justified in refusing to go; at the same

time requesting them to hunt up their fake? To take such a course was my first impulse. If the country doctor was not of a forgiving nature, how would the laity fare?

When the mother was herself again, she said to the writer: "The neighbors did it, we didn't, and I told them you were doing all that could be done." "A poor excuse is better than none."

Such are the incidents in the history of the poor doctor.

A KANSAN.

——, Kansas.

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This is one of the experiences which make us feel that the traveling doctor should be suppressed. Of course, the girl died. We think you did right in going to the case. We must not let the fools whom we meet spoil our own dispositions. Life is sweet, and the more ignorant the patient or the patient's friends the more likely they are to grasp chimeras or straws. We congratulate you upon not yielding to your first thought and acting in a gentlemanly, professional and Christian spirit. You will not lose by it, Doctor, but the "fake" M. D. will not come around that district any more for a while.—Ed.



BLINDNESS FOLLOWING MALARIA.

One year ago a man about forty years of age had a severe attack of pernicious malaria. It was necessary to give him large doses of strychnine and quinine hypodermically. He soon recovered his usual health, but his eyesight was almost lost. However, it gradually returned so he can see how to do general farm-work. At a distance any object



Hiccough: An obstinate attack may be broken by a hypo of pilocarpine, gr. 1-6, or enough to cause free sweating.

Hiccough: Break the spell by a full dose of emetine, lobeline, or apomorphine; enough to cause full emesis.

looks very indistinct, but he can see to thread a fine needle after gazing at it steadily for a few seconds—can see any object more distinctly after fixing his eyes upon it for awhile. He has no pain, but sometimes complains of a drawing sensation in his eyes. Pupils react to light but slowly. Eyes clear and bright. I have had several cases of blindness after using large doses of quinine in malarial hematuria, but all but this one recovered promptly.

We often have malaria in its worst forms here, and quinine and strychnine in large doses hypodermically, seems to be our only hope of saving them. I would like to hear from some of the CLINIC readers who live in malarial districts.

Any suggestions on the above will be gladly received.

E. A. SHIPPEY.

Etoile, Tex.

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This is a matter of interest and the question to be decided is whether the visual disturbance is due to the malarial toxemia or to the use of quinine? We shall soon publish some matter upon the treatment of malaria which will, we think, somewhat interest the profession; the feeling against the use of the old-time large doses of quinine is growing and we believe that the disease can be much better treated in other ways. Intestinal asepsis is of prime import and nuclein and methylene blue with arsenic and strychnine (with small doses of quinine) generally control the worst cases. Of course leptandrin, euonymin and calomel must be given early and followed by salines.

As regards the cases you quote, we prefer to have the CLINIC family give

their opinions and therefore ask all those who have had similar experiences to report. Can anyone tell what is the cause of this condition and how to treat it successfully? The patient should see a good oculist as early as possible.—Ed.

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AESCULIN.

Aesculin is a glucoside made from *Aesculus hippocastanum*—horsechestnut. The latter has long been used in Europe as a substitute for Peruvian bark and as the former is a perfect substitute for the latter, with all inert substance extracted, any one can readily see that the remedy has a wide range of usefulness in various diseased conditions and it is a remedy that is very rarely mentioned in any of our medical journals.

This remedy gives good results in many forms of malaria; in fact, it is more often indicated in malaria than quinine, and has one decided advantage over quinine in malaria which is worthy of notice—it is a hepatic stimulant and quinine is a hepatic depressant.

Most conditions calling for this remedy are worse during sleep, hence the symptoms are observed on waking. Patients wake up confused in mind; do not know their acquaintances or where they are; children rouse up from sleep frightened and confused. In palpitation this is a good remedy, especially when the palpitation extends to the extremities, and the throbbing can be heard during sleep.

Pains which call for this remedy are flying pains; sharp, shooting, rending, tearing pains, flying from one part of the body to another; and at times they seem to be scarcely more than skin deep and occasionally fly along the course of the nerves. The superficial pains calling for

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Hiccough: Give an emetic if the stomach is full; if not, pilocarpine, picrotoxin, muscarine, in single full dose.

Hydrocephalus: Check exudation and stimulate absorption; mercury and arsenic iodides, iodoform and phytolaccin, to toleration,

this remedy are generally ameliorated by heat while the deep pains are generally ameliorated by cold.

Aesculin is very useful in headaches when there is a dull aching pain and it seems that the brain would be pressed out. In many diseases of the eyes aesculin is very useful, such as great redness of the eyes, burning eyeballs; the eyeballs seem sore and ache and there are sharp shooting pains in the eyes. I am of the opinion it would give excellent results in neuralgia of the eyes.

In treating diseases peculiar to women this remedy should not be lost sight of, as it is very useful when there is severe dragging pain in the pelvis, pressing pain in the hips when walking, a feeling as if the uterus was engorged or as if the lower part of the abdomen were full, either before or during menstruation, pain in the hips during menstruation and soreness, fulness and uneasiness of the uterus with pain across the back when walking during pregnancy.

Hemorrhoids are successfully treated with aesculin, especially bleeding hemorrhoids and hemorrhoids when there is dryness and fulness of the rectum without constipation. There are many rectal diseases which readily yield to aesculin such as protrusion of the rectum, especially if it occurs when at stool, distress in the rectum after eating, sticking, jagging and burning pain in the rectum, it feeling as if caused by being full of sticks, great soreness and pain in the rectum and in many other rectal complaints.

Varicose veins of the thighs and legs, gout of the joints, rheumatism in the forearms and hands, periodical neuralgia and neuralgia of the viscera, many mental diseases, liver diseases and constant

dull backaches, when worse from walking or stooping, have been cured by aesculin. It is also a valuable remedy in many other complaints and a valuable adjunct to other remedies in treating the diseases of women and diseases of the liver, and it should often be added to female tonics and liver remedies. Aesculin is astringent, tonic, antispasmodic and febrifuge, and is classed by some authors as being narcotic. Dose, three to five granules, gr. 1-67, every two hours until effect.

J. A. BURNETT.

Brawley, Ark.

AN INTERESTING CASE.

Sometime ago I reported a case in the *Medical World* and asked advice, etc. Today I have another case so similar that I want the Editor and CLINIC family to tell me what the trouble is and what line of treatment to pursue.

A man aged forty-five years came with the following history: Four or five years ago he noticed two or three little lumps—as he called them—on the upper side of his penis which was a little sore and gave him a little pain when the organ was erect. The corpus spongiosum presents a feeling of unevenness as though there were a mass of small nodules along the left and under side of the penis when erect and gives him more or less pain similar to the pain of chordee when in a state of extreme turgescence.

Gradually the penis began turning to the left till now it stands at a considerable angle to the left and a little downwards while erect and feels as if nearly the entire left corpus spongiosum is indurated and more or less atrophied—it crooks so far to the left and downward

Hydrocephalus: Derivate the water by dry diet and hydragogs—elaterium and pilocarpine to full toleration of both.

Hydrocephalus: Purge with calomel followed by saline laxative, then give the powerful absorptives mentioned above.

that it is deficient to perform the act of coition. When very turgid the pain is very marked with considerable tenderness.

When in the flaccid state no abnormality seems apparent, but in feeling along the left corpus spongiosum one gets a sensation of induration and a seeming loss of tissue or atrophy—two-thirds or more of the length of the spongy body is involved.

The patient is a rheumatic subject; that is, he suffers a good deal with pain, soreness and stiffness of the muscles of the limbs and back. He says he had syphilis several years ago. His physician told him he had syphilis and kept him on mercury and iodide of potash, eighteen months, and this he says cured him. He has had no special treatment for his present trouble, but is very anxious to be relieved of it. The trouble is growing rapidly worse.

Please tell me what the trouble is and what to do and the probable termination. There is such a striking resemblance between this and the case reported a short time ago that I am very much interested.

T. H. LYON.

Martin, Ga.

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We cannot offer you much hope of a cure. Van Buren and Keyes, and Fuller, both describe the condition fully. "The affection comes on insidiously without apparent cause, the patient first notices something wrong by feeling a slight pain in the penis at a certain point when the organ is erect. On an examination he discovers a hard, flattened mass with defined margins occupying one or both corpora cavernosa and feeling like cartilage. The corpus spongiosum never

participates in the disease. The penis bends during erection at the affected point." Gout, rheumatism and diabetes, together with syphilis are causes. Sometimes, however, the *causa causans* cannot be traced. The erectile power is lessened as a rule, but other complications are not to be feared. If gout or rheumatism are apparent, treat for the disease and look out for diabetes. Gumma may also cause a similar local condition. The Antiscorbutic tablet with the tri-iodides and free doses of salines with uric-acid treatment will be probably effective.

Locally, try alternate applications of ichthyol and an unctuous preparation of thuja. The ointment of the red oxide of mercury is sometimes efficacious in these cases. We hope the family will give their experiences.—Ed.

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WAS BLOOD LETTING EVER JUSTIFIABLE?

Our answer to the above interrogative is "Yes, in certain cases under peculiar conditions." We noticed in the March number of the CLINIC, on page 314, what Dr. Wheatland said on this subject. "Every physician forty years ago carried his 'thumb lance' in his pocket, etc." In our experience we can antedate the time he mentions several years when not only every physician was a bleeder, but in every neighborhood there was a man who did the bleeding for his neighbors, both the sick and well. He bled the sick to cure them and the well to keep them from getting sick. At that day and time great stress was placed upon the use of the lancet, and it is a wonder the country bleeder did not get into trouble from wounding an artery.

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Hydrocephalus: For acute symptoms, strong pulse, delirium, free bowels and push veratrine to the fullest limit.

Hydrocephalus: The bright eye and cerebral excitement call for gelseminine pushed till the eyelids droop and kept there.

In order not to occupy space in the CLINIC, which can be used for matters of greater importance, we give in as brief a manner as possible a few cases in which we thought blood letting was justifiable.

CASE I. Being called in counsel to see a lady who was having puerperal spasm on our arrival we were informed by two attending doctors that she had been in the throes of labor some eighteen hours with no let up of the convulsions. On examination we found that labor had advanced to the second stage, but that the lady was then in a comatose state and all labor pains had stopped. We at once resorted to venesection, taking about a pint of blood, when the lady rallied and the pains returned; there were no more spasms and the child was born in thirty minutes. The woman made a good recovery.

CASE II. Being called in consultation with two doctors in a neighboring town in a case of obstetrics attended with puerperal convulsions, we found that the woman had been in labor during a day and night, when all pains had ceased and the woman was bordering on a state of collapse. We gave stimulants and proceeded to bleed, taking about fourteen ounces. Soon the pains returned, there were no more spasms, and the child was born in a short time and the woman had a good recovery. This is only two cases; I could report a number of others with equally good success resulting from the use of the lancet in puerperal convulsions.

CASE III. An old gentleman suffering with what we used to call "side pleurisy" was brought to my office in a carriage, from the country. He stated that he had not been able to lie down in bed for two nights, but sat in bed propped up with pillows on account of pain in breathing.

I found he was then suffering from painful dyspnea. I had him sit down on a sofa, in case he should faint, as is sometimes the case in bleeding persons, and then and there bled him freely. I noticed while the blood was escaping that he took deeper and less frequent inspirations. After being bled he remarked, "I am feeling very much better and can breathe easier and now if I can lie down on my back and take a deep breath without pain then I will say it is wonderful." He did so and after taking several deep inspirations sat up, remarking, "Who would have believed that bleeding could have wrought so great a change in so short a time? Wish I had come to see you sooner, it would have saved me a vast deal of suffering." This is only one of many similar cases that came under my care during fifty years of busy practice. But, in order to keep in fashion with later-day times I have not used my spring lance for twenty years, though many times tempted to do so.

W. M. CAMPBELL.

Kansas City, Mo.

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THE MEDICAL GOLD BRICK OF CHICAGO.

A worthy gentleman of philanthropic proclivities, a promoter who is alive to the interests of humanity—which is "I", writ large—has discovered that Chicago is suffering from a lack of hospital accommodations. Incidentally he has discovered that there are a few persons who have escaped the net of the hospital grafter and are still foolish enough to employ physicians and pay them for their services. Bent upon remedying this deplorable state of affairs, he is now in Chicago, for the purpose of organizing a

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Hydrocephalus: A full dose of pilocarpine at the outset has been claimed to abort attacks; clear bowels also.

Hydrocephalus: Do you fully comprehend the meaning of "push absorbents to the limit of toleration?" Then do it.

"coöperative hospital," run on the principle of that much-to-be-anthemized institution, the London Medical Club.

The members of the proposed co-operative hospital are to pay a yearly "membership" fee, and the medical staff is to be "paid for its services." The principal alleged *raison d'être* for the new scheme is the need of providing accommodations for those "too poor to pay a physician but who can pay something for hospital accommodations." This tearful plaint of the promoter, conjoined with the staff "salary" argument, has already enlisted the sympathies of a number of prominent medical men who, not content with the grafting that they have, are eager to fly to grafting that hitherto they knew not of.

It is to be hoped that the profession will antagonize this new scheme for imparting a veneer of respectability to dead-beatism. Should such an institution be started the duty of the medical profession will be to oppose its operation in every possible legitimate way. More than this, the stamp of disapproval should be put upon every physician who connects himself with the scheme in any way whatsoever.

When consultation and operation fees cease to travel toward such men, they may learn that the selfishness of the individual cannot be permitted to obscure that spirit of professional altruism which should imbue the system of every man who poses as a leader in medicine and surgery. The profession is traveling toward pauperism pretty rapidly as it is; the new scheme would be but the beginning of the end. The day is not far distant—unless conditions change and the profession awakens to the danger that confronts it—when the twenty-five-cent

fee of the London Medical Club will be too close for comfort.

In thus antagonizing the proposed medical gold brick scheme, I am simply following the line of procedure which I mapped out to the promoter who laid his plans before me and invited me to join the enterprise on a profitable basis. He asked me what attitude the Chicago Medical Society would likely assume. I replied, "I do not know, but in so far as my influence will count, it will be war to the knife."

In closing I wish to remark that the coöperative hospital scheme apparently contemplates a chain of the new graft in every large city in this country.

G. FRANK LYDSTON.

Chicago, Ill.



A PLAIN STATEMENT OF BARE FACT.

Dear Doctor Abbott:

Your samples and literature received and in reply will say: Your reasoning seems good and your form of medication certainly meets a "long-felt want"—The samples, so far as used, seem as good as the best of their kind, but, to be right honest, Doctor, we are in doubt (after so many failures with tablets, pills, etc.) as to the permanency and efficiency of many of the remedies thus prepared.

I have known tablets to pass through the alimentary canal without being dissolved; again, I have given many times the maximum dose with no satisfactory results. Now, Doctor, I believe you are honest and are seeking to elevate the profession, but, there is such a thing as letting one's enthusiasm out-run his judgment.

Take my advice; put up in this form



Hydrocephalus: Can the treatment be too active? Pilocarpine, calomel and elaterium, then the swiftest absorbents.

Hydrocephalus: You can not be too quick in getting to work—and in clearing out the bowels swiftly and thoroughly.

only such remedies as you know will retain their efficiency, with such coating as will help to attain that end, and such only as will be certain to dissolve in perverted or pathological secretions.

I am aware that you understand your business as a physician and teacher, and the manufacturing part of it much better than I do, and I only write with the kindest of feeling and *with the hope that you will be able to continue to give us the best in its most desirable form, excluding all things of questionable utility.* We want our remedies just right.

J. S. JONES.

Newburn, Tenn.

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Doctor, I thank you for your plain talk. That is what we expect and want from our friends. If you really knew us well, you would know that our aim and object is to present to the profession plain medical truths, and the best and most perfect remedies obtainable. That the alkaloids are the most potent and positive remedies we possess is not questioned by any thinking man, and where they can be used with a full knowledge of their action and where they cover the ground nothing else should be given. But there are cases where a powder or a tincture or an old-fashioned galenical tablet or pill is the *best* thing to use because in that form the remedy is most effective.

We believe in *the best*, and only in the active principles when (as they usually are) they *are* the best. Don't forget our motto: "The smallest possible quantity of the best obtainable means to produce a desired therapeutic result."

Doctor, to put in pill, tablet or granule form, or even to present or promote drugs which will in this or any form prove either inert or changeable, is

neither more nor less than an offense against humanity. If we ever do such a thing it will be because of ignorance and nothing else. Our preparations have been tested, tried and used under all conditions in every clime for years and we believe that for potency, permanency and positiveness of action they are as nearly perfect as human skill can attain.

If they *are not right*, if you *know and can demonstrate* that they are not, say so and we'll try again.

As you say, we "are supposed to know our business." We believe we do, and our enthusiasm is limited only by the lack of limit to the possibilities in active-principle therapeutics itself.

Teaching medical fact is one thing, marketing goods is another, and we do them both. What we teach we know to be true; in marketing goods we aim to supply those who accept the great truths of Alkalometry which we teach with the keenest and most reliable weapons possible, and you may rest assured that nothing will ever go out bearing our name which is not, to the best of our knowledge and belief, unchangeably active, therapeutically true and therefore dependable.

If there is any reason to believe that the chosen remedy would be more effective in any form other than that of a granule or the tablet, we prepare and recommend it in that form.

We believe in the active principles, but only so far as they have been *proven to be the best*; not every drug-plant by any means is, or in the light of our present knowledge can be, represented by its active principle, hence our platform aphorism quoted above. We tell you this frankly and plainly, because you have written us plainly, and, we believe, with

Herpes Zoster: Zinc phosphide gr. 1-6 t. i. d., dries up the vesicles and relieves pain promptly; nothing else as good.

Herpes Zoster: Zinc phosphide improves the nutrition of the nerve centers and that is just what is needed here.

a clean and honest motive. Test the truth of our assertions as you can, and as thoroughly as you wish, and you will finally realize that it is possible to be honest and earnest as well as hustling; to be exact as well as enthusiastic; and to be an earnest, trustworthy teacher while yet a twentieth century business man who with the courage of his convictions makes and sells the very tools with which he works and which he recommends.—Ed.



WHOOPIING-COUGH. GOITER.

I presume that you receive so many words of praise that another from the far Southwest will not be amiss, but to be entirely candid, I receive more benefit from the CLINIC than from all the other medical journals I subscribe for put together. A small mail order goes forward today and I shall gradually add to my armamentarium the majority of your remedies. In your formula 388 for whooping-cough add gr. 1-20 heroin hydrochlorate and you have apparently a specific, at least I have found no failures and my reputation for the treatment of the disease has been established.

Now, Doctor, if you will give me a radical treatment for goiter, one that will give results, I shall be pleased beyond measure. I have tried ext. of thyroids and iodine in various forms, both subcutaneously and internally with no benefit. I have two cases awaiting treatment, both married women between thirty and forty years of age, one with no children, the other with three, and an infant in arms. During labor pains in this case the enlargement became so great as to be alarming.

Having received so much help from



Herpes Zoster: In cases with burning and itching, give rhus tox., a granule every hour till the urine begins to smart.

the CLINIC in the past, like *Oliver Twist*, I am not averse to asking for "more."

J. H. L.

—, Arizona.

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We are in receipt of numberless letters of praise, but we are always glad to get one more, and when a man expresses himself as you do we know that he is speaking from his heart. We trust, Doctor, that the alkaloids may add to your success constantly.

Goiter is a peculiar disease. We could not possibly lay down a "medical treatment" which would suit each case. The Antiscorbutic granule, with phytolaccin, three granules, and nuclein in heavy dosage hypodermically is a good treatment. Locally try ichthyol two drams, boroglyceride two drams, and glycerin four ounces. A gauze pad should be kept saturated with this, and after three or four weeks a saturated solution of potassium iodide may be applied on the sponge and driven in by cataphoresis. After thirty, however, it is very hard to cure a goiter. We have been, and many of our friends have been, successful with this treatment. We trust this may be the case with you.—Ed.



LAXATIVES IN MEASLES.

I notice in the CLINIC for May, in your reply to the query, "What is the best alkaloidal treatment of measles?" that you say, "Cleanse the bowels," etc. Osler says, "The bowels should be freely opened." Anders says nothing about opening the bowels. Pepper also fails to refer to that feature of treatment.

I began practicing nearly thirty years ago. I remember quite well my first, also my second case of measles. My first

Herpes Zoster: As the pain is neuralgic it is relieved by a full hypo of atropine over the root of the affected nerve.

patient being somewhat constipated, I ordered a small dose of castor oil. At that time, every patient furnished a subject for special study. Before visiting my patient the second time I read a caution against active catharsis in the treatment of measles and was very glad when my patient was convalescing, no apparent harm having been done by my treatment. My second patient was a sister of the first. The mother remembered that the doctor had ordered castor oil for the boy, and reasoned therefrom that castor oil was the proper thing to give the girl. Consequently she gave the girl a large dose of castor oil. *The oil acted.* I shall never forget the anxiety of the father when he hurried me out of bed that fearfully stormy night, my ride through the rain and darkness, a lantern swinging from the rear axle of my wagon, nor the anxious hours I put in while trying to arrest the hemorrhage from the bowels of his only daughter.

Since then, I have never administered a dose of medicine by the mouth to move the bowels in a case of measles. In cases of marked constipation I have satisfied myself and my patient by giving a simple enema. During these years I remember having lost but one case of measles—that of a little girl in which the disease was complicated with pneumonia.

Now, at this late day, to read your instructions, and Osler's positive directions to open the bowels freely, leads me to wonder if I have been doing wrong or, failing to do right, all these years! However, I think I shall jog along in the same old way of avoiding cathartics or laxatives, even, in my cases of measles.

J. H. F.

—, New York.

Herpes Zoster: After the attack is quelled by zinc phosphide follow with the Triple Arsenates and Nuclein.

It seems to us, Doctor, that your objection to the cleaning out of the bowels in your cases is based upon insufficient clinical evidence; that one patient suffered from hemorrhage of the bowels after taking castor oil can hardly be considered a sufficient argument against the use of laxatives of any kind in any case of measles. Intestinal hemorrhage is certainly a very rare complication in this disease, and certainly not one upon which to base any regular outline of treatment—or the lack of it. Put the bowels in a thoroughly aseptic condition in such a way as to prevent the generation of toxins and to minimize the probability of their absorption—this appeals to us as good treatment in all febrile diseases. Of course, ordinary care must be taken where there is any reason to believe that there is intestinal ulceration; but, as we have said before, the probabilities of this complication occurring in measles are certainly small.—Ed.

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VULVITIS AND VAGINITIS; THEIR TREATMENT.

Vulvitis and vaginitis are as a rule more or less rebellious to treatment, not always because the patient does not do what she is told (though that is a frequent source of failure) but because the doctor is not thorough enough in his technique.

Vulvitis may be present in children or adults and due to either dirt, threadworms, pyogenic discharges, masturbation or diabetes. The vulvitis of gonorrhea is always accompanied by more serious symptoms (vaginitis, etc.).

In children the affection is due usually to threadworms or uncleanness, though masturbation and the possibility of gon-

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Herpes Zoster: If there is a disturbance of the circulation aconitine will give relief if administered carefully.

orrheal affection must not be forgotten.

In simple vulvitis the parts are red and swollen to some extent and constant itching is complained of. The parts are bathed with a watery or mucous discharge. Purulent vulvitis is an aggravated form of the above, pus and even bloody discharges being observed. The soreness and discomfort is extreme and fever is not uncommon. There is intense burning upon urination. The attendant should make it a point to examine thoroughly and see how far the affection extends; if the vulvæ alone are affected the matter is simple comparatively, but when the Bartholinian glands and vagina are involved there is quite a different outlook. In simple conditions, cleanse the parts with a warm alkaline solution—boric acid, a solution of the sulphocarbolates with eucalyptus, etc. (as Vaginal Antiseptic) or liq. plumbi subacetatis. Do not use bichloride solutions. Internally give strychnine arsenate, hydrastin and collinsonin, adding to every dose of one granule each, gr. 1-6 of calcium sulphide. The writer finds that small repeated doses of aconitine alternating with atropine serve to reduce the congestion better than anything else. Keep the bowels open with salines and separate the vulvæ with a thin pad of soft gauze on which apply some simple astringent ointment.

The more severe forms will usually be, as pointed out earlier, accompanied by vaginal and glandular involvement. The treatment here will be of necessity more complex. The first thing is to thoroughly empty the bowels with small doses of podophyllin or leptandrin and calomel, followed by salines. Then the urine will need attention. Every three hours give lithium benzoate, gr. 2, and barosmin

three granules with cubebin two. Three times daily at the mid-hour between meals, give two Antiscorbutic granules with two of echinacea and two of collinsonin.

The general health will be benefited by the addition of two Triple Arsenates after meals. Locally, after cleansing the parts thoroughly with an alkaline antiseptic, apply an ointment of ichthyol one part, ung. resinæ one part and lanolin four parts. This may be rubbed in well and smeared upon gauze which will be kept in place with a T bandage. The gland of Bartholin will need free incision if affected to any extent. Press the sides of the swelling and incise on the skin aspect of the labium. Empty, irrigate with H_2O_2 and drain with gauze.

Simple (non-specific) vaginitis will yield rapidly to a daily douching with hot water to each pint of which add dr. 1 of ichthyol and oz. 1 of glycerin. Have this retained as long as possible. After draining apply a Depleting suppository and this, together with the unguent in place at the labiæ, will keep the whole infected tract under medication. In very severe cases where the labiæ are greatly swollen and the formation and smarting are intense it will prove an excellent plan to swab the thoroughly-cleansed and dried surface with a 2 to 5 per cent solution of silver nitrate. Then apply the ointment recommended.

If for any reason the Depleting suppository is not used, pack into the vagina a strip of gauze smeared well with carbolyzed vaseline and over this dust freely the Vaginal Antiseptic powder; apply through the speculum, filling the vagina full, and leaving it *in situ* for two days. This is an excellent plan for starting

Herpes Zoster: A degeneration of the roots of the involved nerves; hence stop the causal autotoxemia and feed the nerve.

Herpes Zoster: Damp, ill-ventilated residences aid in the development of this affection—which is not a dermatosis.

the treatment and the douches can follow at home. The observance of absolute local cleanliness, the systemic treatment and free use of salines with application of alkaline antiseptic preparations will insure success.

C.

—, Illinois.



HOOR - GLASS CONTRACTIONS AND ADHERENT PLACENTAS.

The old crude methods are next to useless since no good results could be maintained from the text-books on such subjects. My first experience began in San Francisco. Dr. C. had in charge an hour-glass contraction and I was consulted; being then over twenty hours in that condition, the patient and members of the family were very desirous of its removal, apprehending danger. Exhaustion from a long and tedious labor prevented the free use of chloroform in this instance. I suggested thirty grains of chloral hydrate per rectum in starch solution in four ounces of water, tamponing the parts for its retention. It was successful, the placenta coming away intact.

Some years later, in Sonoma County, I was hurriedly called four miles to an almost similar case. Midwife in attendance, child delivered, cord cut! The patient had suffered from infancy with hip disease. There was alarming hemorrhage present. I gave stimulants and made the chloral injections with the same result as in the first case, there being no delay in its expulsion. The next two cases were adherent placentas, which the half-hour waiting did not remove. In the first case the woman positively refused interference and screamed for her

husband not to allow me to insert my hand for its removal. I had no chloral hydrate in my obstetrical case, so I undertook a less dangerous treatment and succeeded, not knowing whether it would be advantageous and which I have ever since practiced without meeting any difficulty. It is as follows: Take of quinine sulphate eight grains; fluid ex. capsicum, four to five minims; water, four ounces. Inject this into the rectum; as a result the placenta comes away and frequently the bowels act at the same time. The combination is tonic and stimulant to the system, with no fear of uremic convulsions and its sequelae. Cold air entering the uterus after the evacuation of its burden is generally one of the principal causes of such adhesions. The hour-glass contractions are of more serious import but the same medication answers both purposes.

The custom of giving morphine by the mouth or hypodermically, as some practitioners do when convulsions are present, in my humble opinion tends to bring greater difficulties, increasing muscular action; independent of locking up the secretions and effete matters in the system with baneful after-evils.

E. MAGUIRE.

Oakland, Calif.



A CASE REPORTED.

The following case, seen Dec. 27, may be of interest to readers of the CLINIC:

Mrs. J., age 24, height 5 ft. 6 in., weight 117 pounds, family history good. She has two children, ages five and twelve, both in good health. She complains of chilling regularly at the noon hour for the last three months; she is then feverish. She is habitually consti-



Potassium chlorate as a tooth paste is a useful preventive of mercurial stomatitis.—Buri, *Muench. Med. Woch.*

Potassium chlorate is dangerous only when used in large doses of a concentrated solution.—Buri.

pated and is weak and short of breath on the least exertion. There is an oppressed feeling throughout the lungs; she cannot breathe deeply; there is some dull pain in the lungs and dry cough at times. Food causes pain in stomach and there has been pain low in the sigmoid region on defecation since the birth of her last child. A fetid leucorrhœa is also troublesome. Her trouble dates from an attack of pneumonia which she says she had a year ago. There is also frequent nocturnal urination.

Upon examination I found an emaciated woman, presenting a temperature of 103.9° F., pulse 110 and full. She is anemic with slight jaundice. The heart's action is good. The supra- and subclavicular spaces are depressed and there is dulness over the apex of the right lung, slight over the left; bronchophony at right apex.

The urine in twenty-four hours amounts to 53 ounces, color normal, reaction slightly acid, specific gravity 1.010; total solids about 253.5 grs; urea 0.6 per cent; no sugar, no albumin.

I gave calomel, followed by magnesium sulphate for the bowels; later the Intestinal Antiseptics Comp.; the methylene blue pill for two days for the kidneys; an alkaline tablet used to make a vaginal douche; Calcidin, gr. 1, three times a day for the lungs. A few days later I found the patient feeling better but weak. The chills were much lighter; urination at night had ceased; expectoration more profuse; bowels regular. I then ordered a solution of peptonate of iron two drams three times a day. A week after this the cough had become slight. There had been a very light chill on the preceding day, none the day of my visit. The temperature was 100.8°

F. and she was feeling some stronger. I made arrangements to see the patient every day at 10 a. m.; instructed her as to the hygiene of the house and of herself, ordered plenty of fresh air, sunshine, etc., and advised the use of Dr. Leininger's formaldehyde lamp in the sleeping room each night. Selected a nutritious diet and gave nuclein, 10 minims hypodermatically.

Jan. 9 her temperature was 99.7° F.; she was constipated but feeling some stronger. I left calomel for the bowels and prescribed nuclein, ten minims. Jan. 10 there was a slight chill; she was weak and the temperature was up to 103.7° F. and she was feeling stronger, though there was no appetite. I gave nuclein, fifteen minims. Jan. 13 she had just chilled and the temperature was 104.8° F.; later she broke out into a sweat. She has short spells of coughing—not violent. I left aconitine, digitalin and strychnine, one every half hour until temperature fell, and cautioned her about moving about; told her to go to bed and stay there—she had too much company, and I stopped that. I gave nuclein, fifteen minims. I saw the patient again at 4 p. m. She was feeling better and the temperature was 102° F. I stopped the aconitine and digitalin but continued the strychnine.

Jan. 14 she was feeling much stronger and wanted to do her work; was sleeping well; just a slight chilliness; temperature 102° F.; bowels regular. I gave nuclein, fifteen minims. Jan. 15: no chill, temperature 102° F.; heart's action fair. I left strychnine sulphate, gr. 1-40, to be taken three times a day with the tonic; nuclein, fifteen minims. Jan. 16: the temperature was 101.9° F.; no chill; some pain in upper lobe of left lung. She

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Atony of nonstriated muscular tissue is a common and serious element of disease; give ergot.—Livingston.

Septic inflammations of veins and lymphatics yield to ergot. Its value in shock shows this a disturbed equilibrium.—Livingston.

was feeling stronger. Nuclein, fifteen minims. Jan. 17 she was still feeling stronger, but tires on exertion of any kind. The bowels were regular, appetite returning. No chill, temperature at 102.7° F. Nuclein, fifteen minims; other treatment continued. Jan. 18 she says she is feeling "good"; appetite better; no chill; constipated; temperature 101.9° F., pulse 120 and strong. I left tablets for bowels, to be used when needed; substituted Neoferrum (Maltine Co.) for the peptonate of iron three times a day, and dropped to two tablets of strychnine a day; nuclein eighteen minims.

Jan. 19 her condition was the same, except bowels, which were all right; same treatment. Jan. 20 her bowels were moving freely; she was feeling still stronger and her temperature was 99.8° F.; appetite still improving. I gave nuclein, eighteen minims, continued Calcidin, gr. 1, three times daily, and the Neoferrum. Jan. 21 the temperature was 100; profuse sweating the night before, condition otherwise the same. Same treatment continued. Jan. 22, no chill, temperature 99.9° F., pulse 100. She continues to feel better; some soreness of lower lobe of left lung behind. She breathes deeper; very little cough, or expectoration. Jan. 23: temperature 100.9° F.; she had a slight chill but had much company. There is free expectoration, a severe night sweat, she is constipated; feels "perfectly well." Nuclein, fifteen minims. Jan. 25: temperature 101° F., pulse 120, fair. Nuclein, fifteen minims.

Have I used nuclein correctly? And, what can I do for the good of my patient I have not done?

LEON C. WHETSELL.

Bloomington, Ind.

You seem to have done everything that could be done for the patient. We would suggest the use of one Triple Arsenates with Nuclein, after each meal, together with three of the Digestive granules, for some weeks. Before meals give two quassin and two xanthoxylin. Every other night one or two granules of calomel (gr. 1-6) and podophyllin (gr. 1-6), followed the next morning the first thing on waking, by a teaspoonful of the saline in three-quarters of a glass of hot water. At the midhour, between meals give nuclein two tablets; this will aid in restoring tone to the system. You are to be congratulated upon the treatment of this case.—Ed.



"CAN PNEUMONIA BE ABORT-ED?" WELL!

I was called in to see a man. His face was flushed, pulse 130, temperature 104.5° F., respiration 28 and jerky and painful, and he was bringing up brick-dust sputa. He was taken with a chill at 11 p. m. the night before; tongue furred. I gave small doses of calomel and soda every fifteen minutes till eight doses were given; aconitine, digitalin and veratrine one granule of each every fifteen minutes for five doses, then every hour for five more; one granule of macrotin and one of bryonin every hour for six doses; saline laxative till free action of bowels. I called next morning, expecting to make several visits, and found his pulse and temperature normal, respiration normal, bowels in good condition, tongue clean. In three days he was again at his work. To me it looked like an aborted pneumonia. How does it strike you?

R. H. BAYLOR.

Erin, Tenn.



A Chicago doctor has a secretary who collects ten dollars from every patient before he sees the doctor.—*Mirror*.

Alcoholic Toxemia: Caffeine, gr. 1 to 2 every hour will quench the craving within forty-eight hours.—Hall, *Med. News*.

Of course it was an aborted pneumonia, but it will not do to say so, because there are some people who still assert that such a thing is impossible. But this man got well (like a good many others) and he doesn't care whether it was a pneumonia you aborted or some unnamed disease which has yet to be classified. Perhaps there is an abortable and a non-abortable pneumonia?—ED.



THE "DIGEST": IRRIGATION OF THE BLADDER.

It is with much pleasure that I acknowledge the receipt of Abbott's Alkaloidal Digest. I have not read it "through and through" yet, but I have read sufficient to see that the busy physician with even a modicum of good "horse sense" will find this "Brief Therapeutics with Clinical Applications" often as helpful and valuable to him as any of the large works on Practice, especially when "up against a wall" or "in a corner" with no time to lose getting out. But Doctor, I was greatly interested in the section on Urethritis, the *bête noire* of many rural or country physicians. I am going to enclose a stamp, and ask a few questions. (1) I have a brand new, hard rubber one-ounce Tyree Rubber Co. uterine syringe, long nozzle. Is it all right, or the sort you recommend? (2) What instrument do you use when "slowly irrigating the urethra before inserting the bougie?" (3) You speak of washing out the bladder very third day, "if there are evidences of cystitis." Doctor, this is work that should not be lightly undertaken. I think many patients are often harmed by wretchedly bad work. Won't you give me your technique of

washing out the bladder—briefly, of course? I have had experience and I am not ignorant along this line, but I would like to hear you tell how you do it—what instruments, apparatus, etc., you use. Half a dozen sentences will suffice.

I have fallen greatly in love with the CLINIC. Its value to a country doctor can scarcely be estimated. It is away out on the fighting line.

A. C. W.

— Illinois.

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Just what you think of the "Digest" is what we intended it to be—a help and assistance to the average physician with "horse sense." It is meant for use "in a corner," that is why it was made small, to carry in the pocket.

Your syringe is all right, only it is too large. You should never use more than a half-ounce syringe for these cases. We use a common fountain syringe for irrigating the urethra, using either an urethral glass nozzle or an infant's rectal tip; but you can use a syringe just as nicely.

Washing out the bladder, Doctor, is as easy as washing out the nose; if a man knows how to pass a catheter. If he does not he should not practice medicine. Use a two-way catheter. Make your solution; place it in a fountain syringe or glass irrigator. Allow a little of the fluid to run through the catheter as you insert it, and with the patient in the dorsal position throw into the bladder four to eight ounces. Have the patient turn from side to side and from back to front two or three times, closing the vent to prevent flow outward, and then gradually let out nearly all the contents of the bladder through the vent. At the same time allow another four ounces to flow into the



It is proposed that infants draw their nourishment directly from goats without the medium of bottles.

Mays says tuberculosis is 400 per cent more prevalent among negroes than in the days of slavery. Insanity 705 per cent.

inlet. Finally withdraw all obstructions and allow eight ounces or so of fluid to flow in and out at its own pleasure.

Glad to know you like the CLINIC. We shall try to make it more valuable from time to time. The one object of our life is to make the CLINIC a real help to the country doctor, who is far away from sources of information and assistance.—Ed.



VERATRUM VIRIDE—HISTORICAL.

Dr. Benjamin Cutter died at Woburn, Mass., March 9, 1864. He was born at West Cambridge, Mass., June 4, 1803. Had he not lived these words could not be, hence a few items about him are in place. He was a surgeon, and in 1846 opened a knee-joint and removed a loose cartilage, without an anesthetic, antiseptis or a hospital. In ten days the man went to a ball. In 1850 he founded the Middlesex East District Medical Society. In this society he read the first paper, "On Appendicitis." His character and influence were such that for several years said society reported its cases of Zymosis. English medical statistis said this was the only instance of the kind. He started the idea of society therapeutical investigations.

A son of his wished to see if the Veratrum Viride of New England was as good as that of North Carolina, whose virtues Dr. W. C. Norwood had so ably set forth. So, he dug the root, cured, ground it and made a tincture, all with his own hands. Then Dr. B. Cutter successfully tried it in his own practice. Then more tincture was made and distributed. In due time nearly all the

members confirmed the report of Dr. Cutter.

To test further, a committee consisting of Drs. Truman Rickard, William Ingalls and Ephraim Cutter was appointed to suitably bring the Veratrum Viride before the Massachusetts Medical Society. With their own hands the members of the committee dug the root, dried it, had it ground in a commercial drug mill and made the tincture, of which four hundred vials were distributed to members of the Massachusetts Medical Society, properly labeled. Besides there was an exhibit of the live plant transplanted in a pail, specimens of the green corm and roots thoroughly washed clean, samples of the dried root unground and ground and a paper giving the District Society's experience. Later members of the Massachusetts Medical Society reported results confirming the previous ones. One of the committee went as delegate from the Massachusetts Medical Society to the 1860 meeting at Washington, D. C., for revising the U. S. Pharmacopeia in which the pharmacists said they wished other physicians would do likewise.

Theodore Metcalf of Boston kept the Society tincture in stock, as it was more "syrupy" than Norwood's tincture. The reason of this was that the juice of the leaves of the veratrum viride was used to dilute the strongest alcohol one-half.

In 1862 Dr. Cutter sent his son to Europe to make known the value of veratrum viride as an arterial sedative. Dublin, Glasgow, Edinburgh, London, Bedford, Paris, Cologne, Bonn, Munich, Vienna and Buda-Pesth were among the places visited. In Dublin he found a botanic garden with several kinds of the veratrum viride growing—also a cordial welcome from the profession, eminent



The New York Times says a firm has sent doctors a circular offering 25 per cent on all sales of its goods prescribed by them,

Crothers calls attention to the dangers to nurslings of the opium and alcohol habits in their wet nurses.

members of which manifested a great interest and extended a polite hospitality of exceeding quality. At Edinburgh he saw Drs. Christison, Sir W. T. Gairdner, and was the guest of Sir J. Y. Simpson, who courteously paid attention to the words about the *veratrum viride*. In London there was a greeting from the most eminent physicians singly and collectively, also from eminent pharmacists.

It was delightful for the youth to come in contact with great medical and pharmaceutical lights, who made no fuss and feathers but received the neophyte as if on the same level with themselves. At Paris he met Velpeau, Ricord, Tardieu and other medical magnates. He brought the attention of the French Academy of Medicine to this remedy and they reported on it as an old remedy of value.

He was asked to demonstrate the *veratrum viride* in Vienna, by Dr. F. Semeleder; who went to Mexico with Ferdinand Joseph Maximilian as his private physician; was his surgeon-general, and now is at Cordoba. Dr. Semeleder gave him the range of Gumpendorf Hospital, but as there were no suitable cases he left directions. Eighteen months later Dr. Semeleder wrote that the *veratrum viride* had realized all the expectations that had been raised. This was a very strong testimonial from the Gumpendorf hospital, Vienna.

At Glasgow he told Dr. Lister his errand while the latter was engaged in teaching male catheterism on a cadaver. After the demonstration the students were asked to repeat the operation. They declined. Then he invited the American, who flunked not. This is Lord Lister of London, so worldwide famous in surgery. No wonder that after fifty years the *veratrum viride* is at the front Few rem-

edies have stood such a medical society and hospital testing.

What a field for medical societies there is in therapy research! They might take the lines of feeding, alkaloidal therapy, etc. If they possessed the same spirit as the founder of the Middlesex Eastern Medical Society, a half century ago, they would, perhaps, do something in these days of trusts and unions.

EPHRAIM CUTTER,

New York, N. Y.

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And in spite of half a century of use, *veratrum viride* is still a "new" and untried remedy to many physicians. One speaker at the Atlantic City meeting timidly advanced the thought that perhaps it had some effect in dissipating the beginnings of pneumonia, as it certainly seemed to do so in a few cases in which he had tried it—ready to take it back the moment anyone challenged his results.

Faith is dead; hope is dead; enterprise is dead; therapeutics is dead; and the popular fads of the day are but maggots fattening on its dead body.—Ed.

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HEROIC DOSAGE IN PNEUMONIA.

In the *Journal of the American Medical Association* of April 9, on page 977, there appears an abstract of an article published in the *New York Medical Record*, March 26, upon the use of iodide of potassium in pneumonia, in which this substance is claimed to be almost specific. An initial dose of ten to fifteen grains is given and increased by five to ten grains every two hours regularly until deferescence is thoroughly established.

The author claims to have used this

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Billings says there is no remedy and no system that will dissolve a gallstone once formed. He means he knows of none.

Dr. J. D. Albright of Philadelphia publishes a bright little journal devoted to furthering office practice.

treatment in 62 cases without a death, giving from 1,000 to 1,500 grains of the iodide per day in a fifty per cent solution in milk and in one case as high as 1,800 grains per day. He goes on to state that Dr. H. T. Prentiss, of Holyoke, Mass., reported to him a case in which he gave 3,000 grains daily for four days, and another patient, a child, to whom he gave 2,100 grains per day for two days, with no signs of intolerance, and with recovery in both instances. He further states that beyond a slight coryza, which may appear at the commencement of the treatment, but disappears as the dosage is increased, there are no bad effects, and holds that failures under this treatment are due to "faulty methods and lack of courage."

What do you think of it, Doctor? For my own part, I would want more positive evidence of the efficiency of such heroic doses than can be conveyed in one article before undertaking to follow the treatment. In my opinion the patients referred to got well in spite of the treatment, rather than because of it. At any rate I am content to go on treating the disease by alkaloidal methods which certainly must be far more acceptable to the patients, and which, I am sure, will yield equally good results. It seems to me preposterous to give a child four and one-quarter ounces of the iodide in twenty-four hours, and I don't believe that any such dosage is necessary; neither do I believe that such doses can be taken without bad effect.

JAS. A. RASER.

Lexington, Mich.

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We are fully in agreement with you. We read of such things and then at the end we learn that the "patient recov-

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Send to Dr. Albright, 900 N. 48th St., Philadelphia, for a copy of his *Office Practitioner*. Monthly journal.

ered." One might almost be tempted to add "by the grace of God!" Certainly it was no fault of the doctor's that the unfortunate didn't die. Why, the system of a pneumonia patient should be better fitted to stand toxic doses of potassium iodide than that of anyone else "deponent saith not." The alkaloidal treatment cures, and it does so safely, quickly and sensibly; the patient gets up well—not alone free from his disorder—but with a clear *prima via* and a normal blood stream. The iodide patient may live, but he must be in a very unpleasant condition.—ED.

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A "PILL IS A PILL"—BUT A DOCTOR MUST BE "THE DOCTOR."

I am not prejudiced against the alkaloids. But, I think many times we do better for ourselves and patients not to use them. I have subscribed for my son, Dr. J. W. Seba, at Canaan, and herewith subscribe for myself. I think your mind is somewhat biased against the old, time-honored system. Time and again have I been called in to take the place of the so-called "little pill" doctor. Many times have I been asked not to give the patient pills or capsules, but to give powders or some pharmaceutical preparation. Not to heed this admonition would be professional suicide with that particular patient. That is to say, he will be succeeded by one who gives them what they want. A pill is a pill to many people and when they want to take them they buy them at their drug store.

I. D. S.

—, Missouri.

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We forgive you much because you have subscribed to the CLINIC yourself

Of the candidates before the Utah Examiners this year the highest was one from the Illinois Medical College.

and now are subscribing for your son. We are going to put our trust in the possibility that if the father refuses to see light *fully* his son may come out into the "lime light" boldly and accept the advantages of Alkalometry entire.

We quite understand the possibility of your having been called in to take the place of the "little pill doctor." Remember, Doctor, that we for many years practiced with every preparation that you now use. It was because we realized the inefficiency and inequality of strength in the galenic preparations that we sent to France to procure Chanteaud's granules of the alkaloids. "A pill is a pill," it is true, but a pill of bread crumbs and soap will not cure typhoid fever, and a few very small pills of the alkaloids may do so. As long as the doctor caters to the patient's whims and serves his pleasure he remains a servant and is not "*the* doctor." The doctor controls his patient and gives either granules, powders, pills or drafts, as he thinks best. Results are what tell, and if we are going to let our patients tell us how they wish these results to be obtained we are likely to sign more death certificates, and we do not get the respect of the patient at any "stage of the game." If you must give prejudiced patients large doses, at least use the active principles, which you know are potent and put into a capsule with an excipient, or dissolve the necessary number for a day's or week's treatment in a bottle of clear water, add some bitter or acid to make them think they are getting their money's worth. At the same time educate them to the fact that it is not largeness of dose which counts, but potency of the agents used. This all for your own benefit. Sit down sometime when you have a half hour to yourself

and think the matter over. See if you are not really standing in your own light, by not using alkaloids almost entirely.—Ed.



AND NOW FOR "REPORTS."

An article of mine appeared in your November number, page 1393, upon the subject of Pneumonia. In this article I laid down as concisely as possible the principles and treatment of the disease with a report of 46 cases. I was pleased to note the kindly references to my article by Dr. J. C. A., of Minnesota.

I can now report fifty-one consecutive cases without a death, with convalescence beginning within three days. I asked space in your valuable paper in the hope that others of the Alkaloidal family might try the treatment and would report their successes or failures, either to me or through your columns. In this way I hoped to be able at a near future to present a paper on the subject, containing such a mass of evidence to prove beyond a doubt, to the most skeptical, that the Alkaloidal treatment was far in advance of any other recognized for that most dreaded of all diseases—pneumonia.

I would therefore ask that of those who have given the treatment a fair trial to report their success or failure to me or to the editor of THE ALKALOIDAL CLINIC, that I in turn may be able to report in full for the benefit of all.

J. K. MILBOURNE.

Clinton, Ia.

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Readers of the CLINIC will remember Dr. Milbourne's article and will see in this further report a lengthening roll of evidence as to the reliability of the alka-



Lillie (St. Louis Clinique) considers tuberculosis often curable by treatment at the patient's home, anywhere.

Stalberg treated a case of atropine poisoning by pilocarpine hypos., gr. 1-6 every hour with good results.

loidal method. The treatment given by the doctor consisted in cleaning out the bowels with calomel and the saline laxative; for the fever Dosimetric Trinity No. 1; for the lung, apomorphine and emetine, and for the general toxemia nuclein. It does the work! Now for the reports from the CLINIC family.—Ed.



ARE THE ALKALOIDS TOO EXPENSIVE?

I take this opportunity of stating that I have found both your goods and service very satisfactory, as you likely well know, I have not become a very enthusiastic user of your preparations. The reasons are various: The principle of Alkalometry is all right and well taken and most of the preparations that I have been using I think are just fine, and I would hardly know how to dispense with them; but when you dispense medicine to the American people they want something for their money. True, they want quality, but with the standard drug there goes with it quantity. There are classes that will take to Alkalometry and it will fit well, for there is no doubt that there is residue, but you would have to educate the people to it. I am like Charles Dana Gibson; I am catering to the masses and not the classes. I want my monuments in biscuits and porterhouses, a trip to the beach and a dozen or two on the half shell. After I am gone a monument is of little good to me.

I can buy a cascara cathartic in 5,000 lots for one dollar per 1,000; their therapeutical construction is very similar to the Anticonstipation granule; fourteen to eighteen of these make a very fair prescription, while this many of the Anticon-

stipation granules in a little box would hardly be found. If I should put a fair number of them in a little box for dispensing they would cost me twice as much as the other. It is so with so many other of the alkaloidal preparations. I am not grouchy through choice or inclination but I have a great desire to participate in some of the sweets of this life. I find it very easy to make money, but it takes a diplomat to keep enough of it that his rainy day pile may assume a semblance of magnitude.

Our fees—here—are very small, and most of us dispense our own drugs, which I find is a money-making plan if the physician has any business ability about him; two-thirds, and possibly more of the men, women and children that go to the doctor's office for medicine have little more than the price with them. If you write them two or three prescriptions for the drug store, who gets the money? And what does the doctor get?

I don't think I am a pedant and I try to hold myself in readiness to learn anything that is or may be of any benefit to me. As I have said above, my experience with you has been very satisfactory and many of your preparations have an established corner on my shelves.

C. E. R.

—, Illinois.

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We are glad to know that you like the principles of Alkalometry, but regret to note that you have not grasped its practicalities thoroughly. You will find, Doctor, that 100 of the Anticonstipation granules dispensed in a glass vial will serve a patient for ten days at the least. Buying these by the thousand this little vial of granules would cost you five cents—an enormous expense, isn't it? If



Patients who have had quinine amaurosis can take cinchonine safely, as its acts on the uvea, not the retina.

A Pennsylvania physician died, after swallowing carbolic acid because he did not know that alcohol is a perfect antidote.

you cannot get from 25 to 35 cents for the medicine you are entirely different from other physicians. Your fee, of course, is another matter.

The "cascara" is one dollar per thousand—Anticonstipation is 55 cents per thousand. Need we say any more? As regards the therapeutic action, another glance at the formula will show you that they are as different as night from day! If you want to give your patients quantity, make a solution and dump in some syrup and coloring matter, but it is easy to make *patients* do what *the doctor* wants them to do. A patient would rather take the granule which is tasteless and free from trouble and see results from it, than he would take a noxious dose with no result. Think over this matter again, Doctor; read the Alkaloidal Primer in the Digest and then, after a month's fair test of the two methods, side by side, let us know again what you think of Alkalometry.—Ed.



BARIUM CHLORIDE.

The following paper taken from the *Milwaukee Medical Journal* is so full of information concerning this valuable and too-little-studied remedy that we have taken the liberty of reproducing it in part in the CLINIC. After a review of the principal types of cardiac tonics, the author continues as follows:

As a first indication I would postulate disturbances in circulation with abnormal distribution of blood in severe forms of toxemia, bacteriemia or proteinemia. During the progress of many of our infectious diseases, in severe cases of pneumonia, sepsis, scarlet fever, diphtheria, influenza and typhoid fever, we have a group of symptoms quite distinct from those that we can properly attribute to

muscular insufficiency of the heart. Dilation, irregularity and inequality of the pulse, dyspnea, etc., are of muscular origin. How often, however, at the bedside do we miss these and yet find, as symptoms of vasomotor paralysis, threatening pallor, loss of turgescence of the skin, facies Hippocratica, cool extremities and turgid abdominal organs. Romberg says: "Not weakness of the heart, but weakness of the vasomotors; not paralysis of the heart muscle, but paralysis of vasomotor centers, typifies this disordered circulation."

The paralysis of the vasomotors in infectious diseases increases with the virulence of the intoxicating agent, and manifests itself largely in the area controlled by the splanchnic nerves. We speak of intravascular abdominal hemorrhage, and find other important circulatory areas very anemic—especially in the brain, coronary vessels and in the lungs.

Blood is returned in smaller quantity and with less rapid current to the heart, and the mechanical excitation to contraction from the inner walls of the ventricles due to normal pressure is decreased. The weakened reflexes of the intrinsic heart ganglia show themselves in the diminution of the tonus of the vagus, and in an inordinately rapid pulse.

In pneumonia, and abdominal septic conditions, I have been agreeably surprised with the action of barium chloride. Its action was demonstrable in less than three hours after it had been taken, and persisted as long as the drug was given. Again and again the dicrotic pulse was transformed into one of normal tension, of greater regularity and of less frequency.

If the heart-muscle showed signs of giving way, digitalis was given and its brilliant results added to what we had accomplished before. They were friends, each in its own sphere of action, the one in the vasomotor system, the other on heart-muscle itself.

The influence of barium chloride in decompensation is typified in the following case: Mr. Q., motorman, street car, 28



Vegetable alkaloids are usually rapidly absorbed and rapidly eliminated.—Ybarra, in *Medicine*, for June.

Mineral substances accumulate in the body much more readily than those from the vegetable kingdom.—Ybarra.

years old. Weight 190—strong body development. While training for tug-of-war team, suddenly felt pain in region of heart.

Patient complains of dyspnea, palpitation of heart, pain radiating to left brachial area, face cyanotic, edema of lower extremities, dilatation of both ventricles, no murmurs, no albumin.

Basch's sphygmomanometer 160 mm. Hg. Pulse regular 104, resp. 28, temp. 98.6, quantity of urine 1,200 ccm., spec. grav. 1.016.

Treatment.—Barium chloride 0.04 exhibited thrice daily. Absolute rest, very little liquid food, ice bag to heart.

After 24 hours:

Blood pressure 180, pulse 98, resp. 24, quantity of urine 1,500 ccm., spec. grav. 1.015. During the next two weeks blood pressure varied between 175 and 195, the quantity of urine increased, 1,800 to 2,400, the dilatation of heart decreased, pulse 78-84, and the patient lost over twenty pounds in weight. Several months later the patient returned to my clinic at the Milwaukee Medical College and we demonstrated a new period of decompensation, finding in addition to the dilatation of heart a systolic murmur at the apex and an accentuated second pulmonary, edema, ascites. Blood pressure 155, pulse 96 (regular), urine 1,600 ccm. Barium chloride 0.04, thrice daily, Diuretin 1.0 ditto.

Responded immediately to treatment as before and was able to return to work in three weeks. Lost fifteen pounds in weight. Blood pressure varied between 160 and 185.

I have employed the drug in 31 cases of this nature, and find that it has certain advantages. Its action is rapid and its point of attack being the vascular system, the heart-muscle itself is not called upon to give up its reserve force. At any time digitalis or strophanthus can be added, and we have the full reserve force of the heart to rely upon.

It certainly can never hope to compete with digitalis. In a number of severe forms of dilatation of the heart in myo-

carditis and complicating endocarditis, digitalis established compensation where barium chloride had failed. In the combination of the two remedies I see a distinct advance.

Barium chloride finds its field of action as a true tonic, a remedy that will stimulate reflexes, that trains the strained heart, and can be given in addition to iron, arsenic, etc.

In conclusion I would particularly call attention to a class of cases that often baffles the doctor's skill. Menorrhagias, in chlorotic girls and women, in the weak, after confinements, in the period of lactation and shortly after, as well as in women as they approach the menopause, are most difficult to treat. Barium chloride has given great relief and its prompt action here, as well as in the menorrhages of women with heart lesions, will be welcome.

I have also employed barium chloride in protracted labor cases and believe that it has materially aided in establishing a healthy reaction of the splanchnic system and prevented postpartum hemorrhages so often concomitant with prolonged exhibition of chloroform.

Theoretically it would be a valuable drug for patients that are to be subjected to major abdominal operations, and in narcosis the danger of shock could be largely eliminated.

FRED R. WEBER.

Milwaukee, Wis.

—:O:—

Barium chloride has a definite field in therapy and that field is a large one. How many of these neglected remedies there are! Now let us hear from the CLINIC family regarding their experience with this remedy.—ED.

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A "TENT CAMP."

Dr. A. S. Ashmead has opened a "Tent Camp" for invalids at Greentown, Pike county, Pa., in the Pocono mountain district. Dr. Ashmead is a physician of wide

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Wilcox prefers adonidin to digitalin when time is an object, the former acting more rapidly than the latter.—*Int. Clinics.*

In the densely crowded Jewish quarter of New York tuberculosis is rarer than in any other part of the city.

experience and capability and patients entrusted to his care will be in good hands.



METRITIS.

Inflammation of the uterus is comparatively a rare disease. When it occurs it is ushered in by symptoms truly characteristic, such as rigors, followed by fever, a feeling of fullness and weight, with heat about the pelvis, together with throbbing tenderness in the groin and perineum; irritability of the bladder with tenesmus, serous diarrhea, nausea and vomiting. The abdomen is sensitive to touch, the os swollen red and hot. There is also great pain in the region of the sacrum. When the patient assumes a recumbent position there is immediate relief from the subjective symptoms. This condition is liable to terminate in any of the usual results of inflammation and therefore requires active treatment. First, the circulation should be controlled by the use of veratrine, asclepidin and aconitine, one or two granules given together and repeated with a frequency depending upon the requirements of the case. Complete rest in the recumbent position should be rigidly enforced. Over the region of the uterus a hot elm (because of light weight) poultice should be applied.

For the pain morphine hydrochlorate may be given in alternation with the veratrine. Indeed these two remedies form the "sheet anchor" and this treatment brooks no delay—lost minutes are dangerous. During convalescence nutritious food, fresh air, warm hip baths daily, and an alterative course treatment generally is required.

Should the case continue in the sub-acute form the treatment must be varied.



New York contains 700,000 Jews—about one-twelfth of the entire race. They obey the Mosaic food laws strictly.

Clear the alimentary canal and keep it so, with a daily morning dose of the saline laxative. For toning up the general system, strychnine, iron and quinine arsenates. To the pelvic organs the uterine tonic pill will supply that greatly needed tone.

W. C. BUCKLEY.

Philadelphia, Pa.



POWDERED BLUE MASS.

Encouraged by your remarks in Editorial Chat in THE ALKALOIDAL CLINIC, March, 1904, page 230, I will give my ideas of some of the uses of the above-named article. A few years ago some investigators startled the medical profession by asserting that mercurials did not increase the biliary secretion and I think they conveyed the impression that mercurials rather retarded it. This claim was not accepted by all the members of the fraternity.

When I began the practice of medicine in 1859 the profession and laity attributed every ailment to liver disease until I became ashamed of my ignorance and sought some other cause for disease, but soon followed the fads, malaria, neurasthenia, germs, etc., until now the profession is as much at fault as it was forty years ago. I now believe those old doctors builded better than they knew and that the profession will return again to the term "liver disease."

I believe that the liver has much more to do with the economy than is claimed for it at present. I wish some bright mind would enlighten me on the actual uses of that organ. My opinion is that disease is produced by chemical toxins formed in the system and that these

Contet advises the use of some clinical sign to enable the physician to gauge the sufficiency of his doses!

toxins originate from fermentation of food and that the great hepatic organ is the filter or neutralizer.

I am partial to the free use of powdered blue mass and administer it at the commencement of all diseases. I think the powder is distributed over the lining of the stomach more evenly than the pill-mass, is absorbed quicker and is more effective. I always keep a supply on hand in No. 2 gelatin capsules, seven grains each, and give two to four capsules, the first dose, then follow with a mild diuretic, when I begin to give the alkaloidal tablets. It is a meritorious remedy in icteric conditions of the skin and conjunctiva. It is of value in acute and chronic cases of indigestion, in the heavily-coated, foul-looking tongue of "biliousness," in puerperal eclampsia with dram doses of compound jalap powder, and most important, in the commencing tenderness of hemorrhoids. I believe it will arrest a case of hemorrhoids if given early.

W. J. CRAIGEN.

Baltimore, Md.



ALKALOMETRY, THE PROPER PRACTICAL THING.

Kindly pardon me for the "chill" I must have given you in failing to respond to your many kindnesses. Permit me to say without any attempt at flattery that I am fully impressed with the idea that your system of Alkalometry applied to medicine and its practice is the proper thing, and I heartily sympathize with you in your manly effort to convince the out-of-date, "old-fogy" doctors, that they are out of joint and blinded by prejudice and, in fact, the dead



ashes of the past. I am glad that you *are* a heretic and "don't care a darn" whether the whale swallowed Jonah or Jonah swallowed the whale! We want something practical that we can use to benefit ourselves and others.

The CLINIC has the proper ring, and its editor is of the right warp and woof. I am trying hard to learn how to use your little pillets. I am in love with the alkaloidal principles, but, being used to the old idea, it seems a little awkward to a new beginner. The indicated remedy and dosage bothers me most, but with your aid and assistance I will finally succeed.

WM. H. DOWNHAM.

Anderson, Ind.

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The man who takes his time and tries things, saying little the while, has, as a rule, something worth while to say at the end. He either says from his heart "the thing is good" or he comes out flat-footed and from bitter experience brands it as "N. G., from Worthlessville."

This correspondent has never said a word to us before, but the seed has taken root and thriven, and as a result he has been practicing (as many thousands of men are practicing) with the alkaloids and succeeding. At last, he tells us his views. That we appreciate such statements goes without saying. Our one object in life is to place Alkalometry where it belongs—at the apex! Before we have to put down the plough and turn our face to the shadows we trust every practicing physician may know at least that there is one sure and positive mode of medication. If knowing this he fails to practice the method he must bear the blame for his failures. Alkalometry has been tried, tested and tested and tried

Disappearance of the pupillary light reaction marks the physiologic dose of the bromides.—Gilles de la Tourette.

Contet relies on the appearance of fever as marking the saturation point in administering mercury.—*Mcd. Times*.

again, but no weak spots have been found; on the contrary, those who know the most of its principles, practice it the most, generally.

Remember what we say—and have said over and over again—the man who uses the active principles one year *must be a better doctor*. Using exact remedies he becomes exact in his work. The result is that he cures where others fail. What are you, brother—an Alkalometrist? or are you still thinking that “some day you’ll look into the thing?” *Now* is the accepted time—begin to be “a better doctor” today!—Ed.



PHLEGMASIA ALBA DOLENS.

Phlegmasia dolens is an uncommon disease. I say uncommon because in an active practice of more than twenty years I have met with but two cases. The first case was in the early '80s, a colored woman less than thirty years of age. She was taken less than five days after confinement with all the symptoms characteristic of the disease. I kept no record of the case and consequently can give only results, but I diligently carried out the treatment as laid down in our text books for this trouble. After ten days or two weeks the patient died.

On December 16, 1903, I received a note from a young woman twenty-seven years of age, mother of five children, asking me to call and see her, as her baby was twenty-five days old that day, but she had not rested for many days; her right leg was very painful and she could not move it. The note was brought by the husband, who asked me if I could do anything for her. I asked if he had any money. He said he had \$12. I then told him I thought that was sufficient to

do some good. I reached the woman between 3 and 4 p. m. and found the patient sitting up in a chair with the right leg extended—suffering very much. I removed the covering and found the limb very much enlarged, smooth and shining. It would not pit on pressure. There were several degrees of fever, some effusion in the abdomen, and the secretions all arrested. I pronounced it a typical case of milk leg.

What is milk leg? Ancient teachers taught that it was a transmission of milk from the breasts into the lower extremities. But modern teachers say it is an inflammation of the veins, both deep and superficial. Others say that it is not yet satisfactorily understood. The point with me was to determine the treatment.

I first gave the limb a warm alkaline bath, rubbed it dry and then applied anti-phlogistine, covered it with absorbent cotton, then applied a roller bandage from the foot to the body. The bandage was twenty-seven feet long. After dressing the limb the patient said she felt much better. For internal treatment I gave one teaspoonful compound powder of jalap and cream of tartar in half a glass of water, with two tablets containing calomel, soda and podophyllin to be given every two hours until very free purgation was had. To restore circulation and ease pain I gave the following prescription—Lloyd's specific tinctures: Macrotys, dr. 2; gelsemium, dr. 1; colchicum, gtt. 30; veratrum, gtt. 20; water, to make oz. 4. Sig.—One teaspoonful every two hours till fever cools and free of pain, alternating with compound jalap.

I then prescribed two drams of permanganate of potash in one gallon of hot water. This was to be injected at once



Slight headache is Contet's sign for the sufficiency of the dose when using glonoin as a vasodilator.—*Med. Times*,

Hemostatics: Discussion brought out the great clinical value of atropine, though theoretically contraindicated.—*Med. News*,

into the vagina, claspings the vulva tightly around the syringe so as to flush the whole vaginal surface and let the fluid escape in gushes. I left with instructions to report early next morning. About 10 a. m. the husband came and reported that about 12 o'clock the medicine began to have effect; the evacuations were enormous and the swelling had gone down. The bandages had fallen off and she had perfect use of the limb. My instructions were to give jalap and the fever mixture as needed, to bathe the limb in warm water, apply soap liniment strongly spiked with ammonia and oil of mustard, three times daily, rubbing from foot to body, to establish venous circulation. The third day she was able to attend to household duties.

A. W. TOLAND.

Chappell Hill, Tex.



A CASE OF GANGRENE.

A patient, male, age 35, was sent me by a homeopathic doctor to get his urine examined. On examination I found nothing abnormal in the urine. On questioning him as to what he suffered from he told me that he had continuously severe pain in the tips of his left fingers. I found the tips brown in appearance and tender to touch. He had been under other treatment for the last three months and wanted to continue the same for one month more, since he was promised a cure within that period. I said nothing more and he went away. I thought the discoloration was due to want of pure blood and the pain to "nervous cry" for the same.

After a month the patient came to me, crying. He told me the pain was unbearable, and asked if the fingers should not



be cut off, as some other medical men had advised him. I saw the fingers were almost black and shriveled. I told him they needed removal and he was advised to go to a mission hospital.

One more month passed and he came again to show his operated hand. The last phalanges of the four fingers had been removed and the patient said he had no pain. He went away only to come back again after a week to say that pain had returned in his little finger. I asked him to undergo my treatment for a week, to which he agreed. I put him on glonoin and strychnine for the heart, and atropine for the pain. In four days the pain in his fingers had subsided and he slept during the night, but the little finger was suppurating and it showed signs of extension. It was dressed antiseptically, but healthy action did not appear, so I advised him to have the hand amputated at the wrist. The patient acquiesced and a day was appointed.

On the fixed day the hand was well washed and shaved, when a dusky patch was observed extending from the ulnar side of the wrist to the middle of the forearm. I tried to feel the pulsation in the radial artery—I am sorry to say it had not been done before—but could not; the same was the case with the ulnar. There was not the least difference between the two forearms, in appearance, except the dusky patch referred to. I followed up the arteries to the brachial, and up the brachial to the axillary. There was no pulsation. The gravity of the condition was explained to the patient and his consent obtained to an amputation above the elbow.

Under chloroform, with due respect for antiseptics, the hand was removed two inches above the elbow-joint. When

The next Pan-American Medical Congress meets in Panama in December. Do any of you want to join a party to it?

Gastrointestinal irritation following bismuth is due to the arsenic contaminating it. —*Therapeutic Gazette*.

searching for the brachial pulse I came upon a hard, tubular projection filled with a semi-solid black mass. It was the brachial artery filled (or rather stuffed) with coagulated blood. With a probe I removed the mass. The walls of the arteries were thickened and the lumen was diminished. Some more shreddy coagula were removed with the probe, the tourniquet a little bit loosened, the artery washed with its own blood and a stout catgut ligature applied. Two arterial branches, one in the anterior and one in the posterior flap—were twisted, and the basilic and cephalic veins ligatured. The parts were swabbed with adrenalin chloride-chlorotone solution (1 in 1,000) and sutured with silver wire. The edges were brushed with the same solution and the stump dressed as usual. Pulsation was felt in the brachial.

On dissecting the dead part it was found that the brachial artery was plugged with coagulated blood as far as the bifurcation into the radial and the ulnar; both the arteries were smaller in size and pale; both contained small shreds of blood.

This shows clearly why internal medication was futile. It seems strange that the first operation was not done in its proper place and it could only be accounted for by neglecting examination of the pulse.

The wound healed by first intention, sutures were removed by installments and patient is progressing satisfactorily.

A. C. PARENDEKAR.

Kohlapur City, India.



AN OBSTETRIC DIFFICULTY.

Wednesday, February 24, I was called to see a woman who did not expect to

be confined for two months. On arriving I found her complaining of great pain and what she described as a "cracking" in the pelvic region. On examination, I found her abdomen distended to look much like a large creamery pail, and so firm as to resist denting. I washed and made a vaginal examination and found I had a case of hydramnios. On rupturing I got about fifteen quarts of amniotic fluid. This gave immediate relief, but there was now foot presentation and the uterus would contract no more than an old rag. I gave quinine to stimulate contractions and also from time to time irritated the cervix and pulled down on the leg. After waiting for six hours, and no contractions appearing, I gave a little ergot, but without effect.

I went to work and delivered her because there seemed to be a little concealed antepartum hemorrhage and the fetus was dead. As soon as the fetus was delivered, a violent hemorrhage began and I immediately went up after the placenta and removed it, directing ergot to be given by the mouth. I kept irritating with the left hand and by means of a bulb syringe douched the uterus with vinegar. After fifteen minutes I ceased external irritation, turned around to do something and in less than thirty seconds her uterus was filled. I removed the clots with my hand, lowered her head, raised the buttocks, etc., and the bleeding stopped. Her heart was going now about 110 to the minute and there was more than two degrees of fever. On the second day there was no fever, the heart was strong and the bowels and kidneys had been relieved; but I found the uterus about one-half larger than I had left it on Thursday morning.



Lydston attacks the training school that requires three years' service and denounces it as hospital graft.—*N. Y. & P. M. J.*

Plugs of wax in the ear may be a cause of cough; also pharyngo-tonsillar disease, and gastric maladies.—*Brit. Med. Jour.*

Now I want to propound the following questions:

1. Should I have waited longer than I did?
2. Was it good practice to give ergot in such a case?
3. To what was the "cracking" due?
4. How do you account for the fever?
5. Would anything stimulate that uterus?
6. On the second day, under the circumstances, should I have investigated the uterus to remove the cause of the enlargement?
7. Should a green hand have undertaken the job alone?

Also please tell me what will cure prairie itch and what is meant by prairie itch?

S. W. A.

— Canada.

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In answer to your question relative to the case of hydramnios. You do not tell us the condition of the fetus. This is of interest as it usually is dead and often macerated. The best treatment is to draw off the amniotic fluid with a small trocar, then to rupture the membranes, do version and deliver. You did as well as most of us would perhaps. The giving of quinine was not good practice and it would have been better to have slowly emptied the uterus, delivered at once, removed the placenta, packed with gauze and *then* given ergot. Your hemorrhage was due to the quinine and delay. As far as a green-horn tackling the case is concerned you certainly "did well enough for a green-horn" if that is what you mean; but under the circumstances immediate action was needed. The fever is not hard to explain, neither is the heart action. Both

were due to the enormous drain of fluids. The enlargement found upon the second day would have made us suspicious of further hemorrhage; if clots were present they should of course have been removed and the uterus packed. As this seems not to have been the case, you did well not to explore.

"Prairie itch," is usually scabies pure and simple. Under examination the burrow of the acarus will be found. "Cuban itch" is usually variola. Ichthyol, dr. 1 to lard, oz. 1, or beta-naphthol, gr. 40 to the ounce will cure the former. Apply it liberally. The internal treatment consists of a thorough emptying of the *primæ viæ*, Intestinal Antiseptics (the sulpho-carbolates) freely exhibited and the administration of iron and arsenic. The addition of gr. 1-2 of calcium iodized will help matters to a speedy termination.—Ed.



COPPER POISONING.

On Sunday, February 28, I was called to see a little girl, aged three and a half years, who had just been taken ill. Her expression was anxious; her eyes bright and glassy; pulse 140 full and hard; temperature 102½° F., skin dusky red on face and breast; pronounced gastric disturbances, vomiting and itching; stool dark and very ill-smelling and lumpy; all nourishment and drink were rejected. Eight days before she had swallowed a copper cent and though an emetic was given it was not vomited up and the subsequent examination of stools failed to discover it.

I gave her bismuth and Dover's powder to settle her stomach; calomel to full effect; aconitine, veratrine and digitalin with echinacea to quiet the pulse.



Now hang your Caucasian head with shame! The Jap says we don't smell good. Too much coarse food is his explanation.

Harvey and Hahnemann Medical Colleges have been offered by their owners to the Illinois State University.

Next day there was improvement—pulse better, the temperature lower; she was taking some milk and egg albumin. Late that evening she got restless; the temperature jumped to 104° F. and the pulse got weak. I added strychnine to the treatment. The next day (Tuesday) there had developed throat symptoms; the temperature was still high, but the pulse was much better, till evening, when it began to show depression; her throat swelled rapidly; eyes half shut, very restless.

I had a consultant who went over the history of the case with me very carefully and we admitted the possibility of scarlet fever or diphtheria and decided that the violent toxic symptoms were due to an epidemic grip that has been spending its force on the head and throat throughout this locality. The child died that night from suffocation.

What was it? If due to the copper poisoning why did eight days of perfect health elapse before a single symptom developed, and then such a furious onset take place? Would the onset not have been more gradual? I have treated a number of cases of tonsillar grip this year but never had one result fatally before, if that was what was the matter with the child. There has been a good deal of criticism of this case and I was told today that my associate, who lives in another town, has decided, from his subsequent study of the case, that it was a case of copper poisoning. Would be glad of your opinion.

R. M. S.

—, Indiana,

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From the description of your case it looks like copper poisoning. There is no possible question but that re-

tained copper coins have caused toxic symptoms—sometimes fatal, though as often the results have been due to the mechanical action of the foreign body. If the coin remains in the stomach and subject to the gastric juices the typical effects of copper salt poisoning appear sooner or later. In this case the coin was protected more or less for some time; more time was necessary for the formation of absorbable salts. Taking one thing with another we must coincide with the opinion that this was a case of poisoning—though that does not prevent the coincident influenza—or whatever it was. The presence of the two disorders may have caused the fatal ending.—Ed.

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SOME FACTS ABOUT CHELIDONIN AND CHELIDONIUM MAJUS.

So many questions are being asked about Chelidonin, since it received mention in the CLINIC recently as a cure for some forms of cancer, that we give the following facts regarding this drug.

Chelidonin is the active principle of *Chelidonium majus*, the greatercelandine, a plant which has from time to time received attention at the hands of the profession. Great things have been expected from it, but invariably disappointment has followed. This time the announcement that *Chelidonin* has proven of real service in cancer will be taken *cum grano salis* and corroborative evidence will be required by those who have followed the history of the drug before its new virtue is admitted.

In the first place *Chelidonium* is a complex plant; it contains no less than twelve bases according to Schmidt.

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Dr. Pettit is in charge of a camp for poor consumptives near Ottawa, Ill. Something to be duplicated everywhere,

Typhoid fever treated by eucalyptus, 220 cases, 4 deaths; then 20 years without a death.—Kesteven, *Ther. Gazette*.

Among these are chelerythrine, chelidonine, chelidoxanthine and protopine. Not one of these principles is thoroughly understood. Chelerythrine has been stated to be identical with sanguinarine; other observers again, have denied this. It is said to be a cardiac poison.

Chelidonine is an alkaloid, soluble in alcohol, ether (slightly) and chloroform; insoluble in water, non-toxic, of a narcotic tendency, but with a slight stimulating action upon the spinal cord. There is no question but that it has a calmative and anodyne effect, but its narcotic action is not so marked. It does not produce either constipation, "heaviness" or gastric disturbances, as does opium or its salts. Advantage has been taken of this and the alkaloid has been used in pediatrics, with some success. The adult dose is 0.10 to 2.0 *plus*.

Chelidonin has been injected into tumors and softening has followed. There was marked reaction subsequent to the injection; rigors and chills soon making their appearance. These passed off in twenty-four hours. The alkaloid, in glycerin solution, was also applied to the tumor externally and the growth continued to decrease in size. In gastric cancer excellent results have been reported; when the drug was given in full doses daily, the same reaction followed, but improvement was soon apparent; vomiting ceased and, after no less than three months of rectal feeding, appetite returned and nutriment was taken *per os*.

The remedy has been given, internally or by injection, in all forms of cancer—epitheliomas, chancres, malign neoplasms and suspicious growths. In enteralgia it has given relief (owing to its anodyne property probably) and hepatic tumors have subsided under its exhibition. Gr.

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1-30 may be given six or eight times daily—in fact, even larger doses are advised in severe cases. When the calmative or hypnotic effects are desired the dose may be smaller, but if the supposed specific effect is desired the dose should be large at first and rapidly pushed to toleration. The peculiar reaction which almost always follows after twenty-four or thirty-six hours may be disregarded.

Ellingwood speaks of *Chelidonium* as a "drastic cathartic, violent local irritant, alterative, diuretic, diaphoretic, expectorant and vulnerary." Some of these properties are due doubtless to the other principles contained in the plant, as *Chelidonin* certainly cannot be so described.

The remedy (*Chelidonium*) is recommended as being of use in "fully developed plethora, inefficient functional activity of the glandular organs of the abdominal cavity, and imperfect, sluggish and deficient circulation of the tissues." The drug is said to operate in harmony with leptandrin, podophyllin, iridin, etc., and is indicated when the stools are clay-colored or green and float in water. In biliary calculi it is used and many physicians believe it to be superior to all known remedies for preventing their further formation. In eczema, urticaria, epithelioma, and even warts and corns, it should be used locally. In cancer it is recommended both as a local application and internally.

It is evident that *Chelidonium* has a powerful action upon depraved and retrograde tissue conditions; it influences the secretory and excretory organs and tends to "clean up" the system. *Chelidonin* may or may not prove to be the principle which has a selective action upon cancer, but time and experiment alone can serve to settle that question in a sat-

Pneumonia, carbonate of creosote in: 1,130 cases, 56 deaths, by 71 doctors in 26 states.—Van Zandt, *Ther. Gazette*.

Decapsulation of the kidney is now followed by recapsulation. We can keep going as long as the money lasts.

isfactory manner. In the meantime *Chelidonium* may be used with confidence in all cancerous cases, for if it does not cure it serves to allay pain and distress.—Ed.

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ALKALOIDS.

It is three years since I have given a dose of any medicine except the alkaloids, nor do I ever expect to give anything else so long as the alkaloids are within reach. Why should I, when under their administration my practice has increased fifty per cent? The greatest drawback to the supply houses is that they are so absolutely correct, and do their work so well and quickly, that very little of them is required. I am thoroughly convinced that but for two reasons ninety-nine per cent of our doctors today would be using the alkaloids. Some of these are in some way mixed up with the drug business and can not or will not get out of it; the rest are too indolent to care much whether they advance or go backwards.

R. H. H.

—, Florida.

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Some men are born wise, others achieve wisdom by well directed effort, while others have Alkalometry thrust upon them because they have got to practice it or go out of business. This is prophetic, having in view the time when the public will catch on to Alkalometry and its advantages.—Ed.

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"NEUMONIA—SOME HINTS.

will not weary the intelligent CLINIC reader with a review of our well-known treatment for pneumonia, but I wish to

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Cream of tartar has been found to contain lead and arsenic in appreciable and dangerous quantities.—*Therapeutic Gazette*.

report two features of my late treatment which has helped me to abort the disease more promptly and do not interfere with the use of calomel, sulphocarbolates, the triad, veratrine, saline laxative, and Churchill's tincture of iodine painted over the lungs. The modifications are: (1) An ice or snow cap to the head until it brings down the fever to 101° F. (2) A cloth soaked in oil of gaultheria and covered with gutta percha tissue and a towel over the lungs after they have been painted with the iodine solution.

C. E. BOYNTON.

Smithfield, Utah.

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FOREIGN BODIES IN THE STOMACH.

I wonder how many brother practitioners know that a gruel made from buckwheat flour, will "weave the sack of harmlessness" around any hurtful object that may find lodgment in the stomach, such as nails, pins, needles, bits of glass, etc. I have used the buckwheat for this purpose for thirty years without a single disappointment. The foreign body, when recovered, is so completely encased that a sharp knife is required to remove the coating. Two or three tablespoonfuls of the gruel is sufficient.

V. K. G.

—, Ohio.

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CORRECTION.

In Dr. Lasley's article, page 754, in the July CLINIC, near the bottom of the first column, instead of "compound cathartic pill," read *compound kaline pill*. This pill, which contains kaline, euonymin and lupulus, is, according to Dr. Lasley, an excellent substitute for quinine.

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Pneumonia: The one feature demanding constant attention is the gastrointestinal tract.—*Therapeutic Gazette*.

AMONG THE BOOKS

The Fat of the Land, by Dr. John W. Streeter of Chicago, though couched in the form of a story, is very evidently a record of personal experience. Worn out by an arduous city surgical practice, in which he had attained more than the average degree of success, and ordered by his physicians to give up professional work, the author resolved to gratify a life-long love for the land—to own and run a farm! To the sentiment of one who loves nature and “everything that grows” he joined plenty of practical business sense. He resolved to demonstrate that the farm could be made to pay—and did it, while living veritably “on the fat of the land,” obtaining meanwhile a new lease of life and enjoying all the comforts and many of the luxuries of existence. The farm was managed on business principles and everything possible got out of it, in the way of “finished products.” The results were remarkable; it is safe to say that not one farmer in a hundred gets as good returns from his land as this retired doctor—who in addition gets a new joy in living. Not in recent years have we read a book so charming as this. It comes like a message straight from nature and makes us almost long to go and do likewise. Macmillan and Company. \$1.00.

A recent idea in physical therapeutics is the attacking of the nerves which are supplying parts of the body, and which parts have become painful, or diseased, one or the other, or both. The attacking is done with an instrument which pro-

duces quick or slow vibratory percussions. On this subject Dr. H. W. Barnum, of Poughkeepsie, N. Y., publishes *Lessons in Vibratory Therapeutics*. It contains only 26 pages, but is profusely and pointedly illustrated, teaching how to apply the treatment, and where. Considering the subject in connection with the pain points and nodes which a German physician has elaborated, the vibratory treatment is promising. The price, \$1.50, is not too high.

We have but very little time and space for the notice which the revised edition of the *Principles of Nutrition and Nutritive Value of Food*, by W. O. Atwater, abundantly deserves. We urge on the readers of the CLINIC to send for it to the Agricultural Department at Washington, D. C. It costs nothing but is worth a good deal.

“*Qui bene diagnoscit, bene curat*” (he that diagnoses well treats well); this is an old proverb. The writer of these lines had the privilege in the sixties of the last century of following up the diagnosis of the late Prof. Oppolzer, of the Vienna School of Medicine, in his clinics. I followed his patients till they were dismissed, cured, to their earthly homes, or to Rokitansky’s “Obduktions Raum” (post-mortem rooms) where Oppolzer’s diagnosis and prognosis were confirmed. I learned there the value—the mental, logical, skill and power of diagnosis. I was vividly reminded of those times when, looking through *Leube’s Special Diagnosis*, translated from the sixth Ger-

man edition by Dr. Salinger and edited by him. It is a book of 1,058 pages, well indexed, published by the Appletons at \$5.00. We do not hesitate to say that any brain-working physician, who will take this book as his guide in his practice will in a year or two emerge as a physician whose consulting help will be sought after by his brother practitioners. Higher praise I cannot give.

A change of the subscription price has been made by Lea Bros. & Co. for their quarterly *Progressive Medicine* from \$10 per annum to \$6.00, but the volumes are bound in paper instead of in cloth. The separate volumes are sold at \$2.00, or, bound in cloth, at \$2.25. Vol. 6, No. 2, for June, 1904, is before us with the following contents: Surgery of the Abdomen, including Hernia, by W. B. Coley, M. D.; contains exceedingly interesting matter on the subject of enterostomy. Gynecology, by Dr. J. J. Clark, in which is an article on the important subject of Pelvic Infection; Diseases of the Blood; Diathetic and Metabolic Diseases. Diseases of the Spleen, Thyroid and Lymphatic System, by Alfred Stengel. Ophthalmology, by E. Jackson, M. D. This whole number substantiates the name "Progressive" which is, or ought to be, synonymous with "useful."

The *Colorado Medical Journal* and *Western Medical and Surgical Gazette*, of Denver, Colo., send us their special *Tuberculosis Number* for March, 1904, for review. We have examined it carefully and can say that if the yearly subscription were ten dollars instead of one this number would give the value of it. It is certainly important for every physi-

cian in this country to know what American practical physicians have to say about tuberculosis, and it is found in this number.

Dr. William H. Burgess, of Avondale, Tenn., sends us his Part First of *The New Field, Diagnosis*. New facts about Epsom salts, published by himself, and sold at 25 cents. Part Second, on Congenial Medication and Therapeutics, and Classification of Disease, and part third, being a continuation of part first, and on Theories of the Times, are to follow. It is profitable to read the Doctor's original medical talk. We remind the reader that to be a good listener and reader is as desirable a quality as to be a good speaker and writer.

With this in mind we commend heartily Dr. Burgess' *New Field*. Readers of the CLINIC will recall his novel ideas concerning the wide usefulness of magnesium sulphate. That this remedy does not receive half the appreciation that it deserves we sincerely believe. This little book is "meaty"—it will reward careful study.

We acknowledge receipt of the *Seventeenth Annual Report of the State Board of Health* of the State of Ohio for the year ending December 31, 1902.

The Government's *Yearbook of the U. S. Department of Agriculture*, 1903, contains two valuable articles that ought to interest every reader of our CLINIC; these are: The Adulteration of Drugs, by L. F. Kebler, and Cultivation of Drug Plants in the U. S., by R. H. True, M. D. If not procurable through a representative, or senator, it can be had for 75 cents from the Department.

If the patellar reflexes are exaggerated in typhoid fever, do not give strychnine.—Manges, N. Y. & P. M. J.

If the alimentary canal is kept clean and aseptic there will be no exaggerated patellar reflexes.

CONDENSED QUERIES ANSWERED

PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

ANSWERS TO QUERIES.

ANSWER TO QUERY 4243:—I would suggest that if you can get the individual to take a dram of the fluid extract of *Hydrastis Canadensis* in about a third of a glass of water every time he desires a drink it will sustain the depression of the stomach and eventually overcome the desire. The equivalent of the specific preparation (Lloyd's) may be used in 30-drop doses. It matters not how often in the day it is taken or how long continued. It will act on the liver and upon the mucous membrane of the bowels, and cleanse them, as a laxative. Any other harmless (non-toxic) tonic may be added, if you so desire—such as gentian, columbo, hops, avena, etc. Of course this supposes the individual desires to overcome the habit and will use his will to assist. I have used it in many cases with success—of course using my persuasive powers as well; and argument.

A. B. WHITNEY.

216 West 79th St., New York.

ANSWER TO QUERY 4289.—“Gassed” means the inhaling of gas given off in the oil fields from wells drilled for the production of crude petroleum. It is seen in the Texas fields frequently. This gas, in quantity, settles in various places, looks foggy or blue, and to enter those places is instant death without pain or warning; it also comes from the wells, flowing or dry, as well as from the oil in the tanks. It being heavier than air, it settles to the earth and moves slowly and is slow to combine with the air on account of the moisture, hence its dangerous quality. The men that work in the oil fields get used to

this gas and can stand a great amount of it. Still, they get “gassed,” and a few instances will give a better idea of its deadly effects. One morning a dairy outfit drove up to camp, wells within seventy-five yards; the team stopped at the camp and immediately the two horses dropped dead. One boy fell out of the wagon dead, the other boy gasping for breath. Again, an engineer or pump man wanted to know how much oil was in his tank, stepped up the ladder, looked into the tank and promptly fell back to the ground, dead. Again, at a well five men suddenly fell over dead. The treatment used is as follows: When a man falls, two or three men run to him, run with him in a direction they know will take him out of the gas district. They drag him through mud, ditches, water and everything. The bumping on the earth, I suppose, gives some respiration, and perhaps keeps up the heart's action, where there is any chance; if the patient does recover he is “groggy” and must not go back in the field for several days. These men's systems, being charged with this gas, medicine has a different effect, or none at all. And their food and drinking water is heavily charged with crude oil and, of course, horrid. This for those who wanted to know. I have tried to cut this article, and have not told half. If you think worth while give it to the CLINIC inquirers. I did not like to see that Query go without a better answer.

G. N. P., Texas.

ANSWER TO QUERY 4309, by L. W. M., of Tennessee, asking for treatment of Erysipelas. I have treated some very

severe cases with Antiphlogistine and secured the happiest results. The remedy must be used according to direction.

In Query 4318, J. W. W., Vermont, asks treatment for mucous colitis. My remedy for this is acid sulphuric aromatic, given in doses of from ten to twenty drops every three hours. I have had the most gratifying results.

P. R. BRUBAKER.

Bucyrus, Ohio.

ANSWER TO QUERY 4358:—"Paralysis of Vocal Cords." Speaking in a general way, potassium bichromate in granules could be tried. There is no remedy that could equal the effects of hot air, about 400° F., "to effect," where the voice is lost. Hot air would not give good results in tuberculosis nor in malignant diseases; here we should try the x-ray.

A. W. RINGER.

Cincinnati, O.

QUERIES.

QUERY 4407:—"Salivation." Boy four and a half, had pneumonia one year ago and recovered; subject to colds with cough; well nourished and grows. Symptoms are headache, constipation occasionally, severe spasms, which may or may not be epileptic, and an excessive secretion of saliva—in a half-hour spitting at least a teacupful from his mouth. His expression is not keen and bright. Saliva dribbles from mouth while sleeping. Case puzzles me and I should be pleased to have some suggestion.

W. I. B., Illinois.

Place this boy upon one Triple Arsenate with Nuclein after each meal, one "Digestive" before meals and, three times a day, between meals, atropine, gr. 1-500, and calcium iodized, ½ gr. Keep the bowels open with a saline, a teaspoonful between rising and breakfasting, and if necessary make this up in the form of lemonade; sweeten and flavor with a little lemon to suit the child's taste. This case may require considerable length of treatment, but should respond to the above. Look for ranula in the salivary ducts, also for worms. The sphincter ani may be contracted and the system reflexed. If so dilate the sphincter under anesthesia. We also suggest that you look for adherent prepuce.—Ed.

QUERY 4408:—"Anodyne For Infants In Colic." Will Anodyne for Infants stop flatulent colic in adults?

D. P. D., Michigan.

Anodyne for Infants is an excellent remedy for flatulent colic, and may be combined with advantage with menthol, one tablet, and papayotin, four to six. An excellent plan is to take six Anodyne for Infants and one menthol tablet and dissolve in hot water, a tablespoonful. Let us suggest, however, that the use of two Digestive granules before meals, and five grains of Intestinal Antiseptic after eating will prevent flatulent colic from occurring.—Ed.

QUERY 4409:—"What is the laxative dose of sodium hyposulphite? How long should a malarial disease continue before it should be called chronic?"

J. A. B., Arkansas.

From ten to fifteen grains as a rule will prove laxative, and thirty grains is a maximum dose of sodium hyposulphite. You ask a conundrum when you put the query, "How long should a malarial disease continue before it should be called chronic?" Any disease which does not yield to treatment, and which persists for

The Sydenham, New York's new office building, is for the exclusive use of physicians, no others being admitted as tenants.

Dudley Reynolds has obtained a verdict for \$7,750 against a railroad for injury. Now, Dudley, you and I always were friends.

months comes under the head of chronic diseases.—Ed.



QUERY 4410:—"Lateral Sclerosis." Case of lateral sclerosis of the spinal cord. The contractions are very annoying and the loss of power increasing rapidly. Have opened up elimination thoroughly, giving all modern treatment. Can you suggest any treatment?

J. H. P., Texas.

Give Strychnine and Phosphorus Comp., two granules every three hours with Neuro-Lecithin one tablet and nuclein hypodermically, ten minims every morning, together with electricity, massage, etc. You may also give two Digestive tablets before meals and two of the Antiscorbatic after. The former contains strychnine sulphate, gr. 1-120; powd. ipecac, gr. $\frac{1}{3}$; powd. black pepper, gr. $\frac{1}{8}$; oil gaultheria, m. 1-10. The latter consists of calcium iodized, gr. $\frac{1}{3}$; stillingin, gr. 1-6; arsenic iodide, gr. 1-67; nuclein, gtt. 4.—Ed.



QUERY 4411:—"Granular Lids; Eczema." What is your treatment for eczema, also for granulated lids?

B. A. H., Georgia.

The treatment of eczema is simple enough if you will remember that elimination and an aseptic bowel are the main points. Give arsenic sulphide one after each meal and one hour later five grains of Intestinal Antiseptic; before meals give two Digestive granules, and every third night, half-hourly for four doses, calomel, podophyllin and leptandrin, each gr. 1-6, and xanthoxylin four granules; a saline laxative the next morning in a glass of hot water before breakfast. Locally employ ichthyol, one dram; resorcin, one dram; lanolin, one-half ounce; vaselin one ounce. After one

week of this treatment give calomel and iridin half-hourly for six doses in place of the other remedies prescribed at night for a week or two, and you will get rid of your eczema.

For granulated lids nothing equals H_2O_2 applied pure after anesthetizing with a weak solution of cocaine. Add the internal use of alnuin, three granules, and the Antiscorbatic tablet, two three times a day. Locally, after applying the H_2O_2 use a solution of zinc sulphocarbonate and boric acid, $2\frac{1}{2}$ grains of each to the ounce. In both of these cases it is an excellent plan to give every two hours one-half grain of powdered extract of echinacea.—Ed.



QUERY 4412:—"Electric Shock." Male, 23 years old, working for electric company. When bending forward or in any position with his face downward his right eye drops out about half an inch. After a drink of any intoxicating liquor he feels a sensation of "fulness" behind the eye. The condition came on gradually and is worse since he received a severe electric shock while working. Otherwise his eye is as nearly perfect as could be wished. Received several slight shocks before his eye troubled him. Could the electricity have caused it and what is the matter? There is no pain and he is in good health.

J. H. R., California.

Evidently there is some muscular abnormality together with some venous condition in the orbit which is hard to describe. The venous walls may have lost their elasticity and when the circulation is increased (owing to partaking of alcoholic drinks) they become distended, thus causing the feeling of fulness, but, Doctor, what has caused the muscles to relax to such an extent as to allow the eyeball to fall forward from its own



A banquet was tendered Dr. Shoemaker on the 30th anniversary of his entrance into medicine. Loving cup and silver shield.

The surgeons are operating on each other. Gee whiz! Things must be getting desperate with the knifers.

weight, and what has happened to the lower and upper lids to cause such flaccidity as to permit this falling forward, we are unable to say. Have you seen this case yourself, and have you seen the eye "drop out a half-inch?" At present the case puzzles us. We cannot see how any electric shock could cause such a condition without entirely destroying sight and causing paralysis of the optic nerve.—Ed.



QUERY 4413:—"Diabetes Mellitus." Would the Diabetes Mellitus tablet prove effective in the case of a young man of twenty-five? All symptoms of the disease. Percentage of sugar remaining at about $4\frac{1}{2}$ per cent. All measures adopted hitherto have proved unsuccessful. Are there any of your medicines which would be effective?

C. W. H., Indiana.

The Diabetes Mellitus tablet would prove of service in the case you mention. It should be pushed to full effect. Improve tissue metamorphosis in every possible way, promote elimination and maintain intestinal asepsis. Two of the Triple Arsenates with Nuclein should be given after each meal, which should be of the most nutritious character. With each meal two "Digestive" granules should be given and a teaspoonful of saline in a glass of hot water every morning on rising. Some preparation of the suprarenal gland may be tried.

If you adopt this treatment we feel sure you will get prompt reduction of amount of sugar and prolonged life. It is not possible to promise a cure in a case of this kind.—Ed.



QUERY 4414:—"Tubercular Glands." Girl of 21; one sister died of consumption. She is well nourished but has, on sterno-cleido-mastoid, a lump about the



size of a quail's egg; several smaller ones along neck and along collar-bone. Been on cod-liver oil and x-ray.

F. F. W., Iowa.

The patient you mention has undoubtedly a distinct tubercular infection of the glands. Put her on calcium iodized, gr. 1 every three hours, and keep her bowels clean with a saline laxative. A dram or two every morning on rising will do this. Before meals give two quassin and two hydrastin granules and after meals two "Digestive" and two xanthoxyl granules. Locally apply ichthyol and glycerin, one part of the former to three of the latter. This may be applied on a cloth at night and washed off during the day. It will be necessary to remove any suppurating gland; under arsenic iodide, gr. 1-67; and phytolaccin, gr. 1, before each meal, other glands may recover. Look out for carious teeth or diseased tonsils.—Ed.



QUERY 4415:—"Specific Eruption." Man, 40; had syphilis ten years ago. Last summer a red rash broke out on his hands, face, head, chest and neck—none on lower extremities. Some of the rash became pustular. He suffers no inconvenience from it but there is a slight itching before the rash appears. Mercury protoiodide had no effect other than to make more pus appear. Potassium iodide with echafolta has no better effect. Has a child two and one-half years old—bright and apparently healthy. Will he escape?

J. W. S., Michigan.

Probably a late manifestation of the specific taint. The child will probably escape. It would be wise, however, to place him upon a mild alterative treatment for a few months. The man will respond to mercury biniodide, gr. 1-67, iodoform gr. 1-6, and one "Triple

Cramps in the calves indicate diabetes even in cases with very little sugar present.—*Medical Summary.*

Arneill (*Denver Med. Times*) describes a case of pneumonia ending in two days, after 15 grains of quinine.

Arsenates with Nuclein" granule three times a day. The addition of stillingin and xanthoxilin will prove advantageous. You might give the two latter remedies together before meals and the first combination after eating. The Specific Syphilitic tablet would serve you well. Keep up elimination; give blue-mass, gr. 1, podophyllin, gr. 1-6, every half-hour for four doses every third night and the first thing on waking the next morning give a teaspoonful of saline laxative in a glass of hot water. Keep the kidneys active.—Ed.

QUERY 4416:—"Eczema." Send me the best preparation of arsenic and treatment you have for eczema squamosum in four-year-old boy. Father and three brothers all affected. May be best to treat as syphilitic.

W. T. B., Texas.

You will find in eczema squamosum that a preliminary cleaning out of the intestinal tract is essential. Give this boy calomel, gr. 1-6, podophyllin, gr. 1-12, xanthoxilin, two granules half-hourly for three doses every fourth night, and in the morning give a small teaspoonful of a saline laxative. The best way to give this to a child is to let it stand, after mixing with water, until it settles, then sweeten, flavor with lemon and call it lemonade. The child can be given two ounces or more every hour or two until it has emptied the glass. Three times a day give aluain, two granules, xanthoxilin, two granules, and, after each meal, two grains of sodium sulphocarbolate. Locally apply resorcin ten grains to water one ounce. This solution can be put on with a soft piece of rag and at night a piece of lint saturated with the same solution left in place. Of course if the whole body is

affected this cannot be done. Do not touch the syphilis at present, even if it is present. Get cleaned up first thoroughly and he will be in a better shape to stand the mercurial. The Specific Syphilitic tablet (mercury protoiodide, gr. $\frac{1}{3}$; stillingin, gr. $\frac{1}{3}$; strychn. ars., gr. 1-67; iron ars., gr. 1-34; quinine ars., gr. 1-34; nuclein, gtt. 2) is one of the best. We suggest that you give this child calcium lactophosphate at the midhour between meals (one granule). Instead of the aluain and xanthoxilin after fourteen days give phytolaccin and nuclein, same dosage.—Ed.

QUERY 4417:—"Eczema of the Hands." Of the fissured variety. The cracks heal but stay healed but a short time. The patient is a woman, 43 years of age and otherwise healthy, the mother of four healthy children. There is no hereditary taint in her system that I know of. She is of dark complexion, weighs about 130 pounds, and is well nourished—a housewife by occupation. The urine is normal; there is no kidney disease. There is a tendency to constipation, although the bowels are kept in a proper condition by mild laxatives—aromatic cascara. She wears rubber gloves to protect her hands while doing her housework. I have given the following local treatment: Black wash, when thoroughly dry, with an ointment of chrysophanic acid. Resorcin, red precipitate, oil of tar, etc., are applied two or three times daily. The internal treatment is: Rhus toxicodendron, Fowler's solution up to toleration and a couple of minor remedies, to fill in. I have been treating her in this way for over two months; have chipped in a few other things now and then but this has been my principal treatment, and she is no better than when I commenced treatment. Could you make a suggestion that would help?

A. C. R., Wisconsin.

Arneill ranks all cases of abortive pneumonia as post hoc—of course without proof. Assumption is easy.

Thompson terms olive oil the best remedy for gallstones. He should have said, the best he knew.

The first thing in the treatment of this disease is to clean out the *primæ viæ*. Give calomel, gr. 1-6, podophyllin, gr. 1-6, every half-hour for four doses every third night, following by a dram of saline in a glass of hot water next morning before breakfast. Every three hours give xanthoxylin, three granules, chimaphyllin, three granules, and calcium iodized. After each meal let her take four of the Sulphur Compound granules; morning, noon and night six minims of nuclein. Locally apply gauze saturated in the following solution: resorcin, one dram; water four ounces. If the part is not exposed and is very stubborn, apply this unguent: Ichthyol, one dram; resorcin, one dram; lanolin, four drams; benzoated lard, four drams. Keep on kid gloves at night. This is the best treatment for eczema we know of.—Ed.

QUERY 4418:—"Nuclein Hypodermically." Have you any special directions for using nuclein hypodermically in cancer? How would it do to use condurangin and nuclein together.

O. H. D., Ohio.

There is no special method of using nuclein hypodermically in cancer other than to inject it into the sound tissue surrounding the growth. Condurangin and nuclein may be injected alternately with advantage and the two drugs given internally in the same manner. Use the solution always when nuclein is exhibited subcutaneously in cancer. Tablets should be for internal medication.—Ed.

QUERY 4419:—"Dilation of Sphincter Ani." To dilate rectal sphincter forcibly under chloroform, should the operation be done at a physician's office, and is it

Our old friend Daniel has been elected President of the Texas State Medical Society. Good for Texas.

necessary for a patient to keep in bed for a few days afterward? Can galvanism be used successfully to break up adhesions around the uterus so that a support may be worn? If not, what is the best treatment or procedure?

R. H. D., Missouri.

The rectal sphincter can be dilated at the physician's office or at the patient's house. Simply push chloroform to anesthesia, insert the thumbs into the rectum or a Pratt's bivalve speculum and dilate until the sphincter reaches the ischia. Do not be afraid to dilate. The operation takes but a minute, and the results are of such value that you will be surprised even at the change in your patient. I do not think galvanism would be of much service in breaking up adhesions around the uterus. Adhesions once formed are not easy to break up. It depends on where they are, what they are and how extensive. Glycerin applied on tampons to the vagina twice a day for weeks will cause free drainage and facilitate absorption of adhesions.—Ed.

QUERY 4420:—"Neuralgic Arthralgia." Wife, age 24, has pain in ankles. This comes on in the evening and is of a dull, grinding character which makes the patient very nervous. Rheumatic remedies have not given relief. Pain stops when she retires; no swelling, no redness or heat.

J. W., Illinois.

Probably a pure neuralgic arthralgia; there is no swelling, no redness or constant, boring pain, neither is the pain increased by motion, pressure, etc. Possibly flatfoot or weakness of the arch. Synovitis is excluded and specific taint also, we feel sure. True rheumatic or gouty pain would not occur only in the evening and cease on retiring. Of course the

A man took Peruna, a bottle a day; in two days he had delirium tremens with gastric catarrh, etc.—Stewart.

pain may be reflex and due to some uterine or ovarian disorder. Look this up. Give tonic treatment (two Triple Arsenates with Nuclein) after meals. calcium carb. co. three times daily, with half a glass of water. Locally friction with aconite ointment, once daily, and apply to the part constantly a piece of flannel soaked with a mixture of soap liniment, laudanum and chloroform. Twice daily from the nozzle of a fountain syringe apply a stream of first hot and then cold water. A B. U. T. tablet between meals three times daily will most likely benefit this case greatly.—Ed.



QUERY 4421:—"Spinal Neurasthenia" (traumatic). Age 42, weight 155, naturally robust, lost ten pounds of weight; total abstainer. Six months ago was in a railroad accident and sustained contusions of left hip, right head and shoulder; left wing of nose cut through. Shoulder became very sore and finally affected entire cervical vertebra. Extreme nervousness, insomnia, lack of strength; no relish for food; easily exhausted, cannot concentrate mind or write as formerly; tendency to ataxia; loss of sexual power.

W. E. H., Missouri.

Two Strychnine and Phosphorus Comp. tablets every four hours; one of Neuro-Lecithin every three hours and a daily hypodermic of nuclein, five drops. A teaspoonful of saline on arising in the morning; two Digestive granules with meals, and before retiring six avenin granules in an ounce of hot water. Spinal massage before breakfast. This treatment will, we think, greatly benefit you if you will make up your mind that you will get rid of the trouble.—Ed.



Alcoholic Gastritis, Acute.—Morphine and atropine, then calomel and saline, then hydrastis, bismuth, chloroform and phenol.

QUERY 4422:—"Milk Leg." Woman, of thirty-five. Eight years ago she had a child and had a bad "milk leg." Five years later she had a second one but no signs of the disease. Eight months ago she gave birth to the third child and a few days later both legs began to swell. Under the usual treatment she seemed to recover and all was well till three months ago when the right leg began to turn dark and discharge as an abscess would. Flesh dark for inches above and below. Treatment, please.

S. B. H., Texas.

We would advise that you curette that ulcer—trimming away all diseased tissue and undermined edges, and then treat as you would any other sore. Wash with H_2O_2 , then dry and paint it over with turpentine. Cover with a piece of lint moistened with the same and over this apply a piece of protective; then apply cotton and a snug bandage. After two days apply Bovinine on iodoform gauze, and graft if needed.

Internally, give two Dosimetric Trinitity tablets morning, noon and night, to equalize the circulation, and two Antiscorbutic tablets with one Triple Arsenates every three hours. Before each meal give two Digestive tablets, and after meals five grains of the Intestinal Antiseptic. Give this about an hour after food. Bandage the leg snugly from the toes up to the knee. See that the woman is nourished well and if the circulation needs stimulation give two cactin granules with the Dosimetric.—Ed.



QUERY 4423:—"Chronic Appendicitis." I beg permission to present my own case for your consideration and advice. I have been suffering more or less for fifteen months with a trouble in the right lower quadrant of the bowels, two inches below the navel and same distance

Hydrastis for local use in non-acute catarrhs; doses small and frequent; remarkable results.—Stewart.

to the right. The disease came on gradually; there is no severe pain and no tumor can be felt in the region, but a slight soreness with a sensation just as though a foreign body had been placed within the abdominal cavity in that region. An aching soreness extends down the spermatic cord with retraction of right testicle; no swelling of cord or testicle. An occasional aching pain shoots through the sacro-iliac junction, but not so much now as at the beginning. There is always marked tympany over the right ileo-cecal region, yet firm pressure only elicits slight soreness. When I lie down I assume a position on my back with right thigh flexed upon the abdomen for most comfort. If I turn on my left side there is a dragging sensation as though some portion of bowels was in a strain. I rest well on right side. There has been no increased heart action or abdominal temperature at any time except during a recent attack of la grippe. My appetite has been very good all the time. In fact, my food gave me a sense of comfort and seemed temporarily to relieve the misery in bowels, but my digestion, stomachic and intestinal, is not good by any means. Bowels have been habitually constipated all the time, and require irrigation or a laxative. I suffer from hemorrhoids, which protrude at defecation and have to be replaced and do not suffer any great deal from them. They bleed occasionally. Tongue usually coated at root with light-brown coat. Kidneys are normal, I think.

G. W. C., West Virginia.

We have, after full consideration, come to the conclusion that you have a chronic appendicitis. That there are extensive adhesions is evident, also. We fear that some time you will have an acute attack (unless the appendix has become "walled off") and suggest that you have the matter attended to promptly. Your treatment is all right, but you might add to it, with advantage, hydrastin, gr. 1-6. Massage the parts with olive oil (hot)

and if you can do so, take an ounce of pure olive oil twice daily. It is barely possible that under the treatment outlined you will go along without an exacerbation, but you are in discomfort *now*, in danger at all times of a sudden acute attack, and a very trivial operation will do away with the trouble. Have it done, Doctor; this is one of the few conditions in which even the alkaloids often fail—though they may give relief.—Ed.

• QUERY 4424:—"Chronic Conjunctivitis." Man of 31; had erysipelas two months ago in and over eye; the pain was excruciating and from the first he had a severe conjunctivitis. I used pilocarpine and calcium sulphide with good results, but the eye affection remained—and is still there. There is no pus and little secretion, but the lids do not open freely and the muscles seem to be paralyzed to some extent. What shall I do with this case?

A. M. D., Minnesota.

This is a serious matter and may result in loss of sight, unless controlled promptly. The best treatment we can suggest is to wash out the eye with H_2O_2 , pure, using a drop or two after numbing the eye with a weak cocaine solution; then once daily apply a 50 per cent solution of boroglyceride in glycerin. I would not use any silver salt at this stage, but frequent instillations of boric acid and zinc sulphocarbolate—gr. 5 of each to the ounce of distilled water. This may be diluted one-half at first. The system needs attention: Put him on two tablets of the Triple Arsenates with Nuclein, after meals, and between meals give two of the Antiscorbutic. Keep up full elimination with small doses of leptandrin, podophyllin and calomel—about one-sixth of a grain of each half hourly

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Hydrastinine as a hemostatic is slow but lasting. White hydrastine does not represent the hydrastis.—Stewart.

Hydrastis has proved useful in catarrhal colitis and proctitis, said White, and others confirmed this.

